

Instructions

1. The offline payment can be done by two modes of payment i.e. via **Cheque or Demand Draft (DD)**
2. The details of the Cheque/DD are to be mentioned on the column given in Alumni Meet Registration form which has to be duly filled and sent to the following address along with the other two forms and the Cheque/DD itself in a sealed envelope via post/courier
Address : **Dr. Ashok Kumar**
Member Secretary, Alumni Meet,
Department of Pharmaceutics,
IIT (BHU), Varanasi
Varanasi - 221005
3. In case of payment being made by Cheque, the alumnus/alumna will be given a confirmation via E-mail once the cheque is cleared. If the cheque bounces, then the registration shall remain cancelled and the alumni shall be notified accordingly.
4. In case of payment being made by Demand Draft (DD), the alumnus/alumna will be given a confirmation via E-mail on receiving the envelope.
5. Registration fees for the Alumni Meet 2017 is as follows:

Indian Delegates :

- Rs. 5000 per visiting alumnus
- Rs. 500 per immediate family person

Foreign Delegates :

- \$100 per visiting alumnus
- \$25 per immediate family person

6. The details for the deposition of Cheque/ DD are as follows :
A/c Name : **IIT (BHU) – Alumni Meet**
A/c No. : **50100112333344**
Bank : **HDFC bank**
 - i. The A/c payee Cheque has to be made in the favor of **IIT (BHU) – Alumni Meet**
 - ii. The Demand Draft has to be drawn in favor of **IIT (BHU) – Alumni Meet** payable at **Varanasi**

Personal Details

Name:

First	Middle	Last
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Gender: M ☐ F ☐

Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

Organisation: _____

Designation: _____

Marital Status: Married ☐ Unmarried ☐

Date of Marriage: ____ / ____ / ____ (DD/MM/YYYY)

Paste Recent
Passport Size
Photograph

Contact Details

Mobile Number: +____ - _____ +____ - _____

Email ID: _____

Permanent Address

City: _____

State: _____

Country: _____

Pin/Zip Code: _____

Present Address

If Permanent Address is the Present Address, select this box

☐

City: _____

State: _____

Country: _____

Pin/Zip Code: _____

Academic Details

Degree	Year of Passing	Specialisation	Institute
BE / B Tech / B Pharma			
IDD / IMD			
M Tech / M Pharma			
PhD			

(Signature of Alumnus/Alumna)

Additional Information

Past Organizations Served

1. Organization: _____
Designation: _____
Year: _____ to _____
2. Organization: _____
Designation: _____
Year: _____ to _____
3. Organization: _____
Designation: _____
Year: _____ to _____

Details of Family Members

1. Name: _____ Phone No: +__-_____
Relation: _____ Email ID: _____
Occupation: _____
Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)
2. Name: _____ Phone No: +__-_____
Relation: _____ Email ID: _____
Occupation: _____
Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)
3. Name: _____ Phone No: +__-_____
Relation: _____ Email ID: _____
Occupation: _____
Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)
4. Name: _____ Phone No: +__-_____
Relation: _____ Email ID: _____
Occupation: _____
Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)
5. Name: _____ Phone No: +__-_____
Relation: _____ Email ID: _____
Occupation: _____
Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

(Signature of Alumnus/Alumna)

Alumni Meet – 2017 Registration Form

Name: _____ Phone No.: +____-_____

Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

Email ID: _____

No. of persons accompanying you: _____

Which hotel are you staying in: _____

Are you interested in sightseeing on payment basis ? Yes ☐ No ☐

***If yes please contact :**

Prof P K S Dikshit

Convener

Sightseeing Committee, Alumni Meet 2017

pk_sd@yahoo.com | (+91)9453281862

Arrival and Departure Details

Arrival	Departure
Date: ____ / ____ / ____ (DD/MM/YYYY) Time: _____ hrs. (IST) Mode: Air <input type="checkbox"/> Train <input type="checkbox"/> Road <input type="checkbox"/> Flight No.: _____ Train No.: _____ (BSB/MGS)	Date: ____ / ____ / ____ (DD/MM/YYYY) Time: _____ hrs. (IST) Mode: Air <input type="checkbox"/> Train <input type="checkbox"/> Road <input type="checkbox"/> Flight No.: _____ Train No.: _____ (BSB/MGS)

Payment Details

Online Payment	Offline Payment
Amount - _____ Payment Date - ____ / ____ / ____ (DD / MM / YYYY) Receipt Number - _____ Receipt Enclosed – Yes/No	Amount - _____ DD/Cheque Number - _____ Date of Issue - ____ / ____ / ____ (DD / MM / YYYY) Drawn On - _____ Receipt Number - _____

(Signature of Alumnus/Alumna)