

PHARMACISTS' ASSOCIATION, WEST BENGAL

T.U. Regd No. - 15476

Membership Application Form

Address: Tara apartment, 112 Mahiary Road, P.O. - GIP Colony, Jagacha,

Santragachi, Howrah, West Bengal, Pin- 711112

Email ID: secretary.pawb@gmail.com

Website: www.pawb.net To Date: Hon. Gen. Secretary, PHARMACISTS' ASSOCIATION, WEST BENGAL I hereby apply for the Life / Ordinary / Student membership of the Pharmacists' Association, West Bengal and undertake that on admission, I shall abide by the rules and regulations of the Association. Signature of the Applicant Full Name (In Capital letters) Registration No. Fathers Name □ Sex: Date of Birth (DD/MM/YYYY) & Sex **Blood Group** ☐ Highest Qualification -Complete Permanent Postal Address with Pin Code (in block letters) **Contact Details:** Phone Number: Mobile Number: (Official / Personal) Email ID: Type of Membership* Life □ / Ordinary □ / Student □ Profession & Designation First Place of Posting with Date Present Work place contact details Two References (From PAWB Members only) 1. 2. Name П PAWB Membership No. Signature Details of Remittance: By Cash/Cheque/DD Admission Fee/Form Rs. In favor of "PHARMACISTS' ASSOCIATION. Membership Fees Rs. WEST BENGAL" payable at Kolkata Other Charges Rs. Add: Bank charges – For outstation cheques Total Rs. Note: For Membership fees subscription refer Table given below Cheque / DD / Cash **Signature of the Applicant:** For office use Membership No: Date of Admission: District: Hon. Gen. Secretary