



**Consortium of
Association of community Pharmacists of India &
Kautilya Society for Pharmacoeconomics and Outcome Research**

To

The President,

ACPI - KSPOR

Association of Community Pharmacists of India,

& Kautilya's Society for Pharmacoeconomics and Outcomes Research

Manipal College of Pharmaceutical Science, Manipal 576104.

Dear Sir,

I wish to become a Life Member/ Annual Member of the Association of Community Pharmacists of India & Kautilya's Society for Pharmacoeconomics and Outcomes Research, I am furnishing the required particulars below, and request you to kindly enroll me in the Society. The fee for Life Membership/Annual Membership / Student Membership is enclosed as a Demand Draft (No _____ date _____ of _____ Bank), in the name of "President, Association of Community Pharmacists of India" payable at State Bank of India, Manipal. I am also enclosing a copy of my Curriculum Vitae and 1 passport size photograph

Full Name (In Block Letters):

Date of Birth:

Father's/Husband's Name:

Qualifications:

Name of University/Board/Year of Passing:

Phone No.:

Email ID:

Official Address (with Designation):

Permanent Address:

Yours sincerely,

Signature: _____

Place: _____

Date: _____

Enclosed Demand Draft

Rs 3000 for Life Membership

Rs 500 for Annual Membership

Rs 500 for Student Membership

(For full course)

Students are requested to forward application through Principal

Bank Details:

Name: Association of Community Pharmacists of India

Account number: 30667217649

Bank: State Bank of India, Harapanahalli, Karnataka

IFSC Code: SBIN0017847

For Office Use only

Transaction ID:

Date received:

Date of approval:

Type of Membership:

Membership No:

Signature of President: