



# SWATHI COLLEGE OF PHARMACY

(Approved by A.I.C.T.E. & P.C.I., New Delhi, Govt. of A.P., Affiliated to J.N.T. University, Anantapur)

An ISO 9001:2015 Certified Institution

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## ALUMNI REGISTRATION

### Welcome to the Swathi College of Pharmacy Alumni Network!

As a distinguished graduate of Swathi College of Pharmacy, we invite you to register with our alumni network. Completing this form will enable us to maintain accurate records, keep you informed about upcoming events and offer opportunities for engagement within our community. Your participation is invaluable to us and we look forward to your continued connection with Swathi College of Pharmacy. Thank you for being a valued part of our Swathi College of Pharmacy Family!

Ref/SCP/Alumni/BPH/MPH/PD/20\_\_ to 20\_\_

Name: \_\_\_\_\_

Reg. No: \_\_\_\_\_ Course:  B.Pharm  M.Pharm  Pharm.D  Pharm.D (PB)

Year of Joining: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Date of Birth: DD / MM / YYYY Gender:  Male  Female Marital Status:  Single  Married

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Current Status:  Working  Business  Home Maker  Studying  Job Search

Organization: (If working) \_\_\_\_\_ Designation: \_\_\_\_\_

Current Address:

_____ _____ _____
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Permanent Address:

_____ _____ _____
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Payment details: Cash: Rs. \_\_\_\_\_ DD No.: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsorship (If any): \_\_\_\_\_

Alternative Contact Details: (Close friends/Parents/Relatives etc.)

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Thank you for the information you've provided. We encourage you to keep in touch with your Alma Mater and to update us, as well as [alumni.scp@swathicolleges.ac.in](mailto:alumni.scp@swathicolleges.ac.in), with any changes to your address or email ID. Wishing you all the best in your future endeavors.

**President**  
(Alumni Association, SCP)

**Principal**

**Signature of the Student**