



PEOPLE'S UNIVERSITY

CRITERION V STUDENT SUPPORT AND PROGRESSION

**5.2.3 - Number of the graduates in the preceding academic year, who
have had progression to higher education**

**5.2.3.1 - Number of outgoing students progressing to higher
education**

SCHOOL OF PHARMACY & RESEARCH, PEOPLE'S UNIVERSITY

ALUMNI ASSOCIATION

MEMBERSHIP REGISTRATION FORM

FOR PASS OUT SEMESTER

BATCH-2018-22
ALUMNI MEMBER





ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name: FARMAN HUSSAIN

Name of Father/Spouse: ALTAH Hussain

Institute Name: SOPR

DOB: 03/07/1999 Batch (Year): 2018 Enrollment No.: PV023171804A

Residential Address: 531-B Housing Board colony Kanord
Bhopal Pin code: _____

Occupation student (Current) Designation _____

Office Address: _____
Pin code: _____

Phone No.: _____ Mobile No.: 8989 438 192

Permanent Email ID: FHUSSAIN 306 @GMAIL.COM

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 22/9/22 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



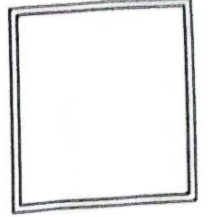
Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Pijush Gujjar

Name of Father/Spouse: Pravin Gujjar

Institute Name: SOP and R Centre Bhopal

DOB: 10/06/2000 Batch (Year): 2017-18 Enrollment No.: PV-035171704A

Residential Address: Vikas Nagar Athner Dist. Betul
[Madhya Pradesh] Pin code: 460110

Occupation _____ (Current) Designation _____

Office Address: _____ Pin code: _____

Phone No. : _____ Mobile No. : _____

Permanent Email ID: Pijushk-gujjar@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place _____ Date: _____ Signature: _____

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: Priyanka S. Pantu

Name of Father/Spouse: Mr. Achal Singh Pantu

Institute Name: SOPR

DOB: 22/07/1999 Batch (Year): 2018 Enrollment No.: PV-038171804A

Residential Address: 21-B-Basant Kunj Ayodhya Bypass
Pin code: 462022

Occupation: Student (Current) Designation: _____

Office Address: _____

Pin code: _____

Phone No.: _____ Mobile No.: 7447061875

Permanent Email ID: _____

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 22/9/2022 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



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ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : VIKAS GUPTA

Name of Father/Spouse: Mr. Ajay Gupta

Institute Name: School of Pharmacy & Research, People's University

DOB: 11/08/1990 Batch (Year): 2013 Enrollment No.: PU-0531418041

Residential Address: C-103/5 Om Nagar, Badarpur, New Delhi

Pin code: 110044

Occupation Student

(Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____

Mobile No. : 9839356644

Permanent Email ID: vikasgupta99@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Delhi

Date: 17/09/2022

Signature: Vikas Gupta

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number _____

Date _____

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: PRIYANKA GOLHANI

Name of Father/Spouse: ANIL KUMAR GOLHANI

Institute Name: SOPR (SCHOOL OF PHARMACY & RESEARCH)

DOB: 26/04/1998 Batch (Year): 2018-19 Enrollment No.: PU-037171804A

Residential Address: 237/A, GHARAULLA MOHALLA, WARD NO. -13,
NEAR HEAD POST OFFICE, SHAHDOL (M.P.) Pin code: 484001

Occupation _____ (Current) Designation STUDENT

Office Address: _____
Pin code: _____

Phone No.: _____ Mobile No.: 8962192771

Permanent Email ID: priyankagolhan1261998@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: TRAINING in HIND PHARMA INDUSTRY

Any other details: _____

Place: BHOPAL Date: 12/09/22 Signature: Priyanka

(Kindly send 1000/- cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : MRINALINI DIGHEKAR

Name of Father/Spouse: RAJ KUMAR DIGHEKAR

Institute Name: SOPR

DOB: 28.04.96 Batch (Year): 2018-19 Enrollment No.: PU-030171804A

Residential Address: House no 253 Rajeev Gandhi Colony
near St. Paul school Ayodhya Bypan Pin code: 462022

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 9131248209

Permanent Email ID: mrinda.dighekar@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

As an alumni I can contribute to develop new study
programs by providing my expertise. promoting institutional
brands, facilitating internships, Career opportunities
collaborate as an guest lecture.

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 3 sept 2022 Signature: Mrinalini

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____

SCHOOL OF PHARMACY & RESEARCH, PEOPLE'S UNIVERSITY

ALUMNI ASSOCIATION

MEMBERSHIP REGISTRATION FORM

FOR PASS OUT SEMESTER

BATCH-2017-21
ALUMNI MEMBER





ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name: Bishwajeet Pratap Singh

Name of Father/Spouse: Kalika Singh

Institute Name: SOP & R

DOB: 14/09/1999 Batch (Year): 2017-18 Enrollment No.: PV-011717047

Residential Address: Khakhara, Kaudihara, Chaurayali
UP - 232118 Pin code: _____

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: 232118

Phone No.: _____ Mobile No.: 9340975083

Permanent Email ID: 2017bpr@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: _____ Date: 02/07/22 Signature: Bishwajeet

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with hits form at college address send it through email)



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ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: Shubham Kumar Vatsa

Name of Father/Spouse: Uma Shankar Prasad Singh

Institute Name: S

DOB: 05/01/1999 Batch (Year): 2017-18 Enrollment No.: PV-045171704A

Residential Address: AT+ PO - Khanihanpur, Police station
Cheriyā bariyarpur, dis - Begusarai Pin code: 851132

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 6206186955

Permanent Email ID: vatsshubham080@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

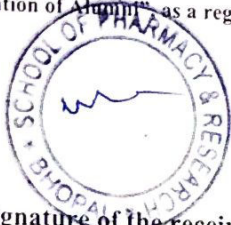
Nil

Special achievements: _____

Any other details: _____

Place: _____ Date: 02/07/22 Signature: Shubham Kumar Vatsa

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____
Name : UDES NAGAR
Name of Father/Spouse: MR. MOHAN PRASAD NAGAR
Institute Name: SCHOOL OF PHARMACY & RESEARCH CENTER
DOB: 02/08/1993 Batch (Year) : _____ Enrollment No.: PU-014171705B1

Residential Address: V Ajastoda Th. - Bamra post. Ramnagar
dist. Bhopal. mp. Pin code: 478105

Occupation Baran. Raj. (Current) Designation Synchem- Pharma

Office Address: Tel. factory Baran Pin code: 325205

Phone No. : 7999511939 Mobile No. : 8103363723

Permanent Email ID: nagarudesn@gmail.com

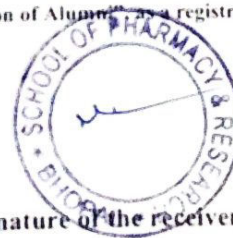
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 29/3/2022 Signature: udesn

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" and registration fees along with hits form at college address send it through email)



Receipt Number SOPR/8866 Date 29/3/2022 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : POOJA KUSHWAHA

Name of Father/Spouse: NIRPAT SINGH KUSHWAHA

Institute Name: SCHOOL OF PHARMACY & RESEARCH CENTER BHOPAL

DOB: 08/09/1991 Batch (Year): 2014-15 Enrollment No.: PU-023171404A

Residential Address: GOYA COLONY KAROND BHOPAL BERSIA
ROAD BHOPAL (M.P.) Pin code: 462030

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 9907883002

Permanent Email ID: Shubham1230kushwah@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 24/03/22 Signature: Pooja

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number 8666 Date 24/03/22 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Monika Raghunathi

Name of Father/Spouse: Brijesh Raghunathi

Institute Name: School of Pharmacy and Research, Bhopal (SOPR)

DOB: 03/06/1993 Batch (Year): 2017 Enrollment No.: pu-0291717-4A

Residential Address: Gunj Bawda Kela Baug near
Wing hotel Jammuna nagar. Pin code: 464221

Occupation Student (Current) Designation pharmacist

Office Address: Gunj Bawda Vidisha Mp. Kela
Baug Jammuna nagar Pin code: 464221

Phone No. : 8959997854 Mobile No. : 8889090343

Permanent Email ID: monikaraghunathi1993@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

NIL
NIL
NIL
NIL
NIL

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 11/2/22 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with this form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462

Membership Registration Form



Membership No. (for office use only) _____

Name : Mohammad Saif Khan

Name of Father/Spouse: Iqbal

Institute Name: School of Pharmacy & Research, Bhopal-MP

DOB: 11.03.1999 Batch (Year) : 2017 Enrollment No.: pu-028171704A

Residential Address: Thoothibari, Nautanua, Dist. maharajganj

Gorakhpur, Uttar Pradesh India Pin code: 273305

Occupation Student (Current) Designation pharmacist

Office Address: post office Thoothibari Dist. maharajganj

Uttar Pradesh India Pin code: 273305

Phone No. : 7525921831 Mobile No. : 8009540333

Permanent Email ID: md. SaifKhan7000@gmail.com

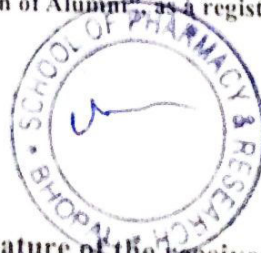
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 11-01-22 Signature: Saif

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number 200335314057 Date 03-01-2022 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name : Junaid KhanName of Father/Spouse: Shahid ulla KhanInstitute Name: SOPR Bhopal (M.P.)DOB: 18-10-1998 Batch (Year): 2017-18 Enrollment No.: PU-02717170417Residential Address: H.NO/A-1207 housing Board colony
Karond Bhopal Pin code: 462038Occupation Student (Current) Designation Pharmacist

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 9575449917Permanent Email ID: Junaid Khan18101998@gmail.com

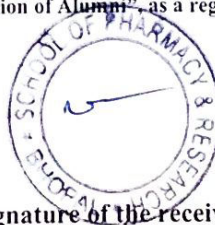
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 11-1-22 Signature: Khan

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____

ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-4620

Membership Registration Form



Membership No. (for office use only) _____

Name : LAVAKUSH

Name of Father/Spouse: MR. VISHWANATH

Institute Name: SOPR & R Bhopal

DOB: 4 May 2000 Batch (Year) : 2017-18 Enrollment No.: PU025171701A

Residential Address: 62 Sewanigan gond suraj Nagar
Bhopal Pin code: 462044

Occupation Nil (Current) Designation Nil

Office Address: Nil

Phone No. : 9691365733 Mobile No. : 9691365733

Permanent Email ID: Lavakushrajpe@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: _____

Any other details: _____

Place: SOPR Date: 18 Feb 2021 Signature: Lavakush

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____

ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name: AFREEN FATIMA

Name of Father/Spouse: SHEIKH CHAMAN

Institute Name: SOPR

DOB: 27/03/1998 Batch (Year): 17-18 Enrollment No.: PU-004 171704A

Residential Address: M.P.G.C.L colony Old-F-36 Sarni dist. Betul
Pin code: 460447

Occupation Nil (Current) Designation Nil

Office Address: Nil
Pin code: Nil

Phone No.: _____ Mobile No.: 9285414835

Permanent Email ID: fatmaafreen84@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

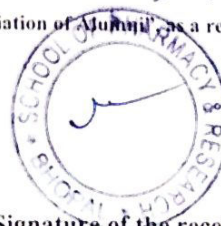
Nil

Special achievements: Nil

Any other details: Nil

Place: Bhopal Date: 6/12/2021 Signature: Afreen

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____

ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name: Rohit Vishwakarma

Name of Father/Spouse: Raghunath Vishwakarma

Institute Name: School of Pharmacy & Research

DOB: 14-11-96 Batch (Year): 2017-18 Enrollment No.: PV-043171704A

Residential Address: Gwal nagar Harda (M.P.)

Pin code: 461331

Occupation: Student (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No.: _____

Mobile No.: 9617617974

Permanent Email ID: Rohit 74 Vishwakarma@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal

Date: 25-11-21

Signature: Rohit

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number _____

Date _____

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



SOURABH RATHORE
28.07.2021

Membership No. (for office use only) _____

Name: Sourabh Rathore

Name of Father/Spouse: Rajesh Rathore

Institute Name: SOPR & R

DOB: 05/08/1999 Batch (Year): 2017-18 Enrollment No.: PV-050171704A

Residential Address: _____

Pin code: 462023

Occupation: Nile

(Current) Designation

Nol

Office Address: Nile

Pin code: _____

Phone No. _____

Mobile No. _____

722 00-5038748

Permanent Email ID: _____

Your suggestion if any and in what way you can contribute for institutional development

Nile

Special achievements _____

Any other details _____

Place: Bhopal

Date: 6/12/2021

Signature

Sourabh

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number _____

Date _____

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Khan Fatima Mohd Aslam

Name of Father/Spouse: Aslam Khan

Institute Name: SOP & R

DOB: 15/02/99 Batch (Year) : 2017-21 Enrollment No.: PV-022171704A

Residential Address: Asmita Hill view, Row H No 6,
Mira Road - Mumbai Pin code: 401107

Occupation Student (Current) Designation -

Office Address: -

Pin code: _____

Phone No. : 8103032131 Mobile No. : 8103032131

Permanent Email ID: fatimakhan1599@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: -

Any other details: -

Place: Bhopal Date: 26/11/21 Signature: fatima

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Prateek Singh

Name of Father/Spouse: Mr. Pradeep Singh

Institute Name: School of pharmacy & Research

DOB: 16-10-1999 Batch (Year): 2017-18 Enrollment No.: PV036171704A

Residential Address: S/O, Pradeep Kumar Singh ward 03, Chaudhariya, Churhat, Sidhi (M.P.) Pin code: 486771

Occupation Student (Current) Designation Student

Office Address: S/O Pradeep Kumar Singh ward 03, Chaudhariya, Churhat, Sidhi (M.P.) Pin code: 486771

Phone No. : 9575277489 Mobile No. : 9575, 277 489

Permanent Email ID: PrateekSinghSidhi@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 8-10-1999 Signature: Prateek Singh

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with hits form at college address send it through email)



Receipt Number SDPR/7913 Date 8/10/2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



NIDHI THAKUR
21-01-2021

Membership No. (for office use only) _____

Name : Nidhi Thakur

Name of Father/Spouse: Mrs. Lakham Singh

Institute Name: SOP & RC

DOB: 20/09/1995 Batch (Year): 2017-18 Enrollment No.: PU-00817170581

Residential Address: Sindhi Colony Janda Pura
Vidisha Pin code: 464001

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: 464001

Phone No.: 9109260149 Mobile No.: 6260147906

Permanent Email ID: NidhiThakur370@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 12/10/21 Signature: Nidhi Thakur

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number 10143 Date 12/10/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name: SUMAN KUMAR

Name of Father/Spouse: NAWAL KISHOR HATHI

Institute Name: SOPR

DOB: 1-6-1999 Batch (Year): 2017-18 Enrollment No.: PU-051171704A

Residential Address: Bikash Simamashi PUNAWA

Pin code: 843302

Occupation Student (Current) Designation _____

Office Address: SOPR

Pin code: 843302

Phone No.: 7250408454

Mobile No.: 8340582898

Permanent Email ID: drsuman.kumar@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal

Date: 4-10-21

Signature: Suman Kumar

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" a registration fees along with hits form at college address send it through email)



Receipt Number 7864

Date 1-10-21

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : SHUBHAM MAHESHWARI

Name of Father/Spouse: ASHOK MAHESHWARI

Institute Name: Sop and R

DOB: 29-06-1999 Batch (Year): 2017-18 Enrollment No.: PU-046171704A

Residential Address: Ward number 2 Talem Jila Rajghar,
mp. Pin code: 468680

Occupation STUDENT (Current) Designation E-347 oldminal

Office Address: Sop and R.

Pin code: 462036

Phone No. : 9131839063 Mobile No. : 7580877086

Permanent Email ID: SM075472@gmail.com

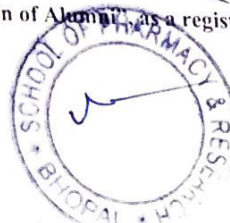
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 04-10-21 Signature: Shubham

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number 15323816824 Date 03-09-21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____
Name : Nimra Khanam
Name of Father/Spouse: Md. Laique Khan
Institute Name: School of Pharmacy and Research
DOB: 03-04-98 Batch (Year): 2016-17 Enrollment No.: PV-031171604A
Residential Address: New Categorised Market, H.No 51/52,
Bhopal Pin code: 462001
Occupation _____ (Current) Designation Student
Office Address: _____
Pin code: 462001
Phone No.: 8305146876 Mobile No.: _____
Permanent Email ID: nimra.khanam333@gmail.com
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: _____ Signature: Nimra

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with hits form at college address send it through email)



Receipt Number 7777 Date 29/23/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Pankaj Kumar

Name of Father/Spouse: Mr. Randas

Institute Name: School of pharmacy and research center.

DOB: 01/07/1998 Batch (Year): 2017-18 Enrollment No.: PU-033171704A

Residential Address: MQ - 545, Sector - 0, Nigahi project
Dist - Angraali (M.P.) Pin code: 486884

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : 7049639095 Mobile No. : 9131748790

Permanent Email ID: Pankajnilala0011@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 07/10/21 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



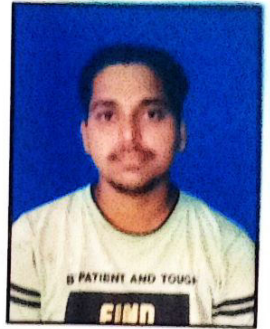
Receipt Number SOPR/7897 Date 07/10/21 Signature of the receiver [Signature]



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: MD MOBASSIR HASANI

Name of Father/Spouse: MD SAQIR

Institute Name: SOP & RC

DOB: 28-10-1999 Batch (Year): 2017-18 Enrollment No.: PU-0601117049

Residential Address: VILL:- RACHHONATHPUR DOWLAJI, P.O:- DHOLI,
P.S:- SAKRA, Dist:- MUZAFFARPUR (BIHAR) Pin code: 843105

Occupation: Student (Current) Designation: _____

Office Address: _____

Pin code: 843105

Phone No.: 7372832559

Mobile No.: 7372832559

Permanent Email ID: mobassirhasani143@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

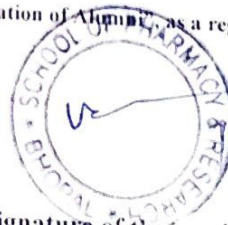
Any other details: _____

Place: Bhopal

Date: 28-09-2021

Signature: md weel

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number 7789

Date 24/09/21

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Guljar Singh

Name of Father/Spouse: Mr. Himmat Singh

Institute Name: people's School of Pharmacy & Research

DOB: 10/10/98 Batch (Year): 2017-18 Enrollment No.: PV-018171704A

Residential Address: Vivekanand colony chuscha

Baikunthpur (c.g) Pin code: 497339

Occupation Study (Current) Designation Student

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 8770342622

Permanent Email ID: guljars101@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: _____ Date: _____ Signature: _____

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number SOPR/7823 Date 28/09/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Rinky Barik

Name of Father/Spouse: Kangasoo Barik

Institute Name: People's School of Pharmacy & Research

DOB: 10/02/1998 Batch (Year): 2017-18 Enrollment No.: pu-0421717044

Residential Address: ward No. 39, Bhim dafai, Dumanhill,
Sanaulani, Chirmiri, Koriya (C.G.) Pin code: 497557

Occupation study (Current) Designation student

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 7000647580

Permanent Email ID: Rinkubarikong@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: _____ Date: _____ Signature: _____

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR17822 Date 28/9/2021 Signature of the receiver Rinky



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : LAVI KASHIV

Name of Father/Spouse: VINAY KASHIV

Institute Name: School of Pharmacy and Research

DOB 19/12/1999 Batch (Year) : _____ Enrollment No.: PV-026171704A

Residential Address: Vrindavandham Colony,

Bina (M.P.)

Pin code: 470113

Occupation Business (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : 8889833389 Mobile No. : 8889833389

Permanent Email ID: lavikashiv19@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

They should be electing Rectorate in campus

Special achievements: _____

Any other details: _____

Place: _____ Date: 24/09/21 Signature: Lavi

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION
SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037
Membership Registration Form



Membership No. (for office use only) _____

Name : Arjun Sahu

Name of Father/Spouse: Ms. Hansraj Sahu

Institute Name: SOP & R

DOB: 20/12/98 Batch (Year): 2016-17 Enrollment No.: PU-014171604A

Residential Address: Pram Nagar H.No 254 B-Block

Pin code: 462038

Occupation Student (Current) Designation _____

Office Address: _____

N/A

Pin code: _____

Phone No. : _____ Mobile No. : 7060901389

Permanent Email ID: _____

Your suggestion if any and in what way you can contribute for institutional development:

N/A

Special achievements: _____

Any other details: _____

Place: Bhopal

Date: _____

Signature: _____

[Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with hits form at college address send it through email)



Receipt Number 7757

Date 9/12/21

Signature of the receiver _____

[Signature]



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Anil

Name of Father/Spouse: M.R. Deuchand prajapati

Institute Name: SOPR

DOB: 11/11/1987 Batch (Year): 2016/17 Enrollment No.: PR-0091716044

Residential Address: Bihari Colony Bhanpur Vidisha Road
(MP) Pin code: 462037

Occupation: student (Current) Designation: _____

Office Address: Nil

Phone No.: _____ Mobile No.: 9893782339

Permanent Email ID: ap89518@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 22/10/2021 Signature: Anil

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number 7707 Date 9/11/2021 Signature of the receiver Anil



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-46203

Membership Registration Form



Membership No. (for office use only) _____

Name : Dwivedi Divya

Name of Father/Spouse: Mithlesh Dwivedi

Institute Name: School of pharmacy & Research

DOB: 17/11/2000 Batch (Year): 2017-18 Enrollment No.: PV-012171704A

Residential Address: Shree Krishna Heritage,
Gurmat Pin code: 394210

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 9265911346

Permanent Email ID: divyasharma2000@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: NO

Place: Bhopal Date: 20/9/2021 Signature: Divya

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number 7748 Date 9-20-2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Gaurav Khasdev

Name of Father/Spouse: Mr. Narayan Khasdev

Institute Name: People's School of Pharmacy & Research

DOB: 03/07/1999 Batch (Year): 2017-18 Enrollment No.: PU-014171704A

Residential Address: Vikas Nagar Pithna Dist Betul (M.P.) Pin code: 460110

Occupation Study (Current) Designation Student

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 8962152760

Permanent Email ID: gauravkhasdev123@gmail.com

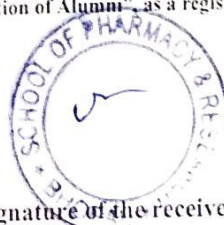
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 23/09/2021 Signature: CUK

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7757 Date 22/09/2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462

Membership Registration Form



Membership No. (for office use only) _____

Name : Naindi Jain

Name of Father/Spouse: M. Vinod Jain

Institute Name: School of Pharmacy and Research

DOB: 16-08-99 Batch (Year): 2017 Enrollment No.: PU-023171704A

Residential Address: Near to Jain mandir Sadhmal Jaitpur

Pin code: 289404

Occupation student (Current) Designation M. PHARMA

Office Address: People's University Bhopal (MP)

Pin code: 284404 462037

Phone No. : 9783059200 Mobile No. : 9783059200

Permanent Email ID: Jainnidy@gmail.com

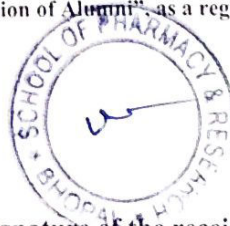
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: BHOPAL Date: 22-09-21 Signature: Naindi Jain

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7772 ~~10096~~ Date 22-09-21 Signature of the receiver _____

ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Anup kumar Verma

Name of Father/Spouse: Akshay Lal Verma

Institute Name: School of Pharmacy & Research centre, Bhopal

DOB: 17/05/1999 Batch (Year): 2017-18 Enrollment No.: PU-009171704A

Residential Address: S/o: Akshay Lal Verma, 774 G, village: Barn Garon khars
Post: Dudahi Dist: Kushianganj Uttar Pradesh Pin code: 274302

Occupation student (Current) Designation Pharmacy

Office Address: S/o: Akshay Lal Verma, 774 G, village: Barn Garon khars
Post: Dudahi Dist: Kushianganj Uttar Pradesh Pin code: 274302

Phone No. : _____ Mobile No. : 8932861230

Permanent Email ID: anupk.v.1751999@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: 2nd position in National Science exhibition 2019 at Bhopal

Any other details: Scientific working model/Neuro-humoral transmission in
Vigyan melo.
Parkinson disease.

Place: Bhopal Date: 17/09/2021 Signature: Anup

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7667 Date 9/3/2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: KAJOL KONWAR

Name of Father/Spouse: RASU KONWAR

Institute Name: SOP&R

DOB: 07/03/1998 Batch (Year): 2017-18 Enrollment No.: POP-021171704A

Residential Address: LEKHAPANI NEAR CIVIL

HOSPITAL, ASSAM, DIS - TINSUKIA Pin code: 786182

Occupation: STUDENT (Current) Designation: _____

Office Address: LEKHAPANI NEAR CIVIL HOSPITAL

ASSAM, DIS - TINSUKIA Pin code: 786182

Phone No.: 9399740923 Mobile No.: 8723804903

Permanent Email ID: Kajol.konwar@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

NIL

Special achievements: NIL

Any other details: NIL

Place: BHOPAL Date: 16/09/21 Signature: Kajol

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", registration fees along with this form at college address send it through email)



Receipt Number 7116 Date 16/09/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : KAJOL KONWAR

Name of Father/Spouse: RASU KONWAR

Institute Name: SOP&R

DOB: 07/03/1998 Batch (Year): 2017-18 Enrollment No.: POP-021171709A

Residential Address: LEKHAPANI NEAR CIVIL HOSPITAL, ASSAM, DIS - TINSUKIA Pin code: 786182

Occupation STUDENT (Current) Designation _____

Office Address: LEKHAPANI NEAR CIVIL HOSPITAL ASSAM, DIS - TINSUKIA Pin code: 786182

Phone No. : 9399740923 Mobile No. : 8723804903

Permanent Email ID: KajolKonwar@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

NIL

Special achievements: NIL

Any other details: NIL

Place: BHOPAL Date: 16/09/21 Signature: Kajol

(Kindly send 1000/-cash/DD, in the name of "People's University association of India", registration fees along with hits form at college address send it through email)



Receipt Number 7116 Date 16/09/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : AMIT GOOGER

Name of Father/Spouse: P. K. GOOGER

Institute Name: SOPR

DOB: 22/09/1997 Batch (Year): 2017-18 Enrollment No.: PV-006171704A

Residential Address: Shubhash Colony Nagpur Road
Chhindwara (M.P.) Pin code: 480001

Occupation Student Nil (Current) Designation Nil

Office Address: _____

Nil

Pin code: _____

Phone No : Nil

Mobile No. : 7000663964

Permanent Email ID: amggooger12@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: Nil

Any other details: Nil

Place: SOPR

Date: 16/09/21

Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" registration fees along with this form at college address send it through email)



Receipt Number _____

Date _____

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : ANAND GUPTA

Name of Father/Spouse: SHYAM GUPTA

Institute Name: SOPRR

DOB: 03/03/1999 Batch (Year): 2017-18 Enrollment No.: PV007171704A

Residential Address: 0777h.o.n.e. Mahore colony Morena
(M.P.)

Pin code: 476001

Occupation Nil (Current) Designation Nil

Office Address: Nil

Pin code: _____

Phone No. : _____ Mobile No. : 7974838525

Permanent Email ID: ag5927766@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: SOPRR Date: 16/9/21 Signature: Anand

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni PHARMA" registration fees along with hits form at college address send it through email)



Receipt Number SOPRR/7739 Date 16/9/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : GHANSHYAM BASANTPURE

Name of Father/Spouse: Mr. KASHIRAM BASANTPURE

Institute Name: School of Pharmacy & Research

DOB: 18/05/1999 Batch (Year) : 2017-18 Enrollment No.: PU-016171704A

Residential Address: 120, 34th AZAD NAGAR ATHNER
BETUL (M.P.) Pin code: 460110

Occupation None Job (Current) Designation Tablet manufacturing

Office Address: Cadila pharmaceutical Dholka
manufacturing site Ahmedabad-382225 Pin code: 382225

Phone No. : _____ Mobile No. : 9111484164

Permanent Email ID: haashitbas786@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

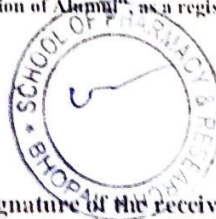
None

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 16/09/21 Signature: Shashit

(Kindly send 1000/- cash/DD, in the name of "People's University association of Alumni", as a registration fees along with bits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-4620:

Membership Registration Form



Membership No. (for office use only) _____

Name : puvivedi Diksha

Name of Father/Spouse: mithlesh puvivedi

Institute Name: school of pharmacy & research

DOB: 17/11/2000 Batch (Year): 2017-18 Enrollment No.: PV-019171704A

Residential Address: shree krishna heritage,
Bhatena, surat Pin code: 394210

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 9265911348

Permanent Email ID: drdishu2000@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: _____ Date: _____ Signature: Diksha

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number 7748 Date 9-20-2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: Poojika Banwale

Name of Father/Spouse: Chitrayan Banwale

Institute Name: School of Pharmacy & Research

DOB: 25/08/1999 Batch (Year): 2017 Enrollment No.: PV-037171404A

Residential Address: 216 Sawidhan Chowk Balaghat
M.P. 481001 Pin code: 481001

Occupation: Student (Current) Designation: _____

Office Address: _____

Pin code: _____

Phone No.: _____ Mobile No.: 6263918551

Permanent Email ID: khushibanwale

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: 1st rank in Throwing competition

Any other details: _____

Place: BHOPAL Date: 20/09/2021 Signature: P Banwale

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with hits form at college address send it through email)



Receipt Number: SOPR/7746 Date: 20/09/21 Signature of the receiver: _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: YUMNA JAVED

Name of Father/Spouse: MOHAMMAD JAVED

Institute Name: SCHOOL OF PHARMACY AND RESEARCH CENTRE

DOB: 28-07-1997 Batch (Year): 2017-21 Enrollment No.: PV-05717104A

Residential Address: H.NO. 402 ASHOK VIHAR COLONY
ASHOKA GARDEN BHOPAL Pin code: 462023

Occupation: _____ (Current) Designation: _____

Office Address: _____

Pin code: _____

Phone No.: _____ Mobile No.: 7987840184

Permanent Email ID: yumna 531@gmail.com.

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: NA

Any other details: NO

Place: Bhopal Date: 20/9/2021 Signature: [Signature]

(Kindly send 1000/- cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number: 5680 Date: 06-09-2021 Signature of the receiver: _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462

Membership Registration Form



Membership No. (for office use only) _____

Name : Shubhangi Chauhan

Name of Father/Spouse: R.S. Chauhan

Institute Name: SOP & R

DOB: 22-08-1999 Batch (Year): 2017-21 Enrollment No.: PU-048171704A

Residential Address: Durga Bhawan fort road Rewa (M.P.)

Pin code: 486001

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : 88891 Mobile No. : 8889191108

Permanent Email ID: bmcshubhi@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 11/0/21 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : ZEBA AZAM

Name of Father/Spouse: DR. MOHD AZAM

Institute Name: School of Pharmacy & Research

DOB: 26/06/1997 Batch (Year): 2017-18 Enrollment No.: PV-059171704A

Residential Address: H.no-41, Azam's, Reliable Hi-Jech,

After Rajabhoj Airport, BHOPAL Pin code: 462036

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 7987231046

Permanent Email ID: zebaazam31@gmail.com

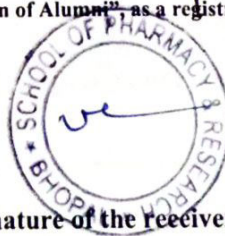
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: BHOPAL Date: 09/09/21 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number 7700 Date 9/10/2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : AFIYA KHAN

Name of Father/Spouse: AFROZ KHAN

Institute Name: _____

DOB: 24/10/2000 Batch (Year) : 2017-18 Enrollment No.: Pu-003171704A

Residential Address: H.no.25 Galino.2 Kariem Baksh
Cholony chhole road Bhopal Pin code: 462001

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 8889776186

Permanent Email ID: afiyakhan4847@gmail.com

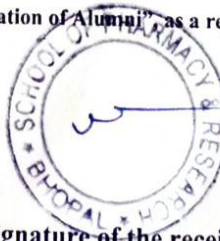
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 9/9/21 Signature: @fiya

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Grayam Kumar

Name of Father/Spouse: Jay SHANKAR PRASAD

Institute Name: School of Pharmacy & Research.

DOB: 10/2/2001 Batch (Year): 2017 Enrollment No.: PUB15-171104A.

Residential Address: Vill- Runipur, Post-Makhar, Akbar Pur
Nawada Bihar 805112 Pin code: 805112

Occupation Student (Current) Designation Student

Office Address: Runipur, Makhar Akbarpur Nawada
Bihar. Pin code: 805112

Phone No. : 7903459843 Mobile No. : 7903459843

Permanent Email ID: gk603590@gmail.com.

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: BHOPAL Date: 11/09/21 Signature: Grayam

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7199 Date 9/10/2021 Signature of the receiver Grayam



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: GOPAL - GURJAR

Name of Father/Spouse: PARAT - SINGH

Institute Name: SCHOOL OF PHARMACY AND RESEARCH

DOB: 8/3/2000 Batch (Year): 2017-18 Enrollment No.: 14017-1717041

Residential Address: Narsinghpur District Rajgarh Gram -
Sanka Jagir (M.P.) Pin code: 4850

Occupation _____ (Current) Designation _____

Office Address: SCHOOL OF PHARMACY & RESEARCH BHANPUR BHOPAL

Pin code: _____

Phone No.: 8989838930 Mobile No.: 9981308109

Permanent Email ID: GOPALGURJAR8109@GMAIL.COM

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 10/10/2021 Signature: Gopal

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number 7693 Date 31/10/2021 Signature of the receiver Gopal



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form

Membership No. (for office use only) _____

Name : Gazanfer Ali niyazi

Name of Father/Spouse: Jafan Ali

Institute Name: School of Pharmacy and Research (People's University)

DOB: 01/07/1997 Batch (Year): 2017-18 Enrollment No.: PU-013191704A

Residential Address: LC4 No-27, Krishna Colony, New Bazarabad
Dist - Umaria, MP Pin code: 48455

Occupation NIL (Current) Designation NIL

Office Address: NIL

Pin code: NIL

Phone No. : NIL Mobile No. : 9109042489

Permanent Email ID: adilniyazi788@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: No

Any other details: No

Place: Bhopal

Date: 10/9/21

Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number 7697

Date 9/9/21

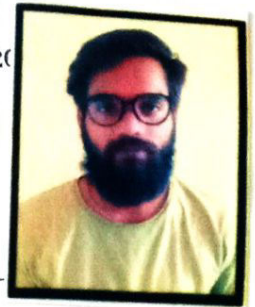
Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Vipin Narayan Rajak

Name of Father/Spouse: Katlash Narayan Rajak

Institute Name: School of pharmacy and research (People's University)

DOB: 13/03/2000 Batch (Year): 2017-18 Enrollment No.: PU-0551717041

Residential Address: House No. 20, ward no. 03, meli mohalla chachadu Dist Guna (M.P.)

Pin code: 473118

Occupation Nil

(Current) Designation Nil

Office Address: Nil

Pin code: Nil

Phone No. : Nil

Mobile No. : 8319666873

Permanent Email ID: rvipin931@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: No

Any other details?: No

Place: Bhopal

Date: 10/9/21

Signature: Vipin

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number 7695 Date 8/9/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: Pawan Karnodiya,

Name of Father/Spouse: Babulal Karnodiya,

Institute Name: SOPR

DOB: 20/02/1998 Batch (Year): 2016-17 Enrollment No.: PO-033171604A,

Residential Address: Mohammadpur, Dist. Shahajapur,

Pin code: 465333

Occupation: Student,

(Current) Designation: Student,

Office Address: _____

Pin code: 465333.

Phone No.: _____

Mobile No.: 95898 08532,

Permanent Email ID: Pawan Karnodiya 2@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: State level Ballyball champion,

Any other details: _____

Place: Bhopal

Date: 08/09/2021

Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with this form at college address send it through email)



Receipt Number _____

Date _____

Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) PU-049171704A

Name : SOURABH RATHORE

Name of Father/Spouse: MR. RAJU RATHORE

Institute Name: SOPR

DOB: 12-08-1998 Batch (Year) : 2017 Enrollment No.: PU-049171704A

Residential Address: Chhola Rose Bhopal MP 462010

Pin code: 462010

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : 8817668431 Mobile No. : _____

Permanent Email ID: SOURABHRATHORE245@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 16-08-2021 Signature: Sourabh

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" for registration fees along with this form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) PU-046171704A

Name : SHUBHAM MAHESHWARI

Name of Father/Spouse: MR. ASHOK MAHESHWARI

Institute Name: School of pharmacy and Research Bhopal 462037

DOB: 29-06-1999 Batch (Year): 2017 Enrollment No.: PU-046171704A

Residential Address: Balaji nagar Narcla Bhopal m.p

Pin code: 462043

Occupation _____ (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : 9131338063 Mobile No. : 7580877186

Permanent Email ID: sm075472@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal. Date: 16-08-2021 Signature: Shubh

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Rashid Khan Mansuri

Name of Father/Spouse: Raish Khan

Institute Name: School of pharmacy & Research

DOB: 27-7-1998 Batch (Year): 2017-18 Enrollment No.: PU-041171704A

Residential Address: Behind Saraswati school

Kusaure (M.P.)

Pin code: _____

Occupation _____ (Current) Designation B. Pharm

Office Address: School of pharmacy, Bhanpur Bhopal

Pin code: 465667

Phone No.: 9340663861 Mobile No.: 9098645535, 9340663861

Permanent Email ID: Rashidmansuri8039@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 07-09-2021 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Bhopal" as a registration fees along with this form at college address send it through email)



Receipt Number 7675 Date 07-09-2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-461

Membership Registration Form



Membership No. (for office use only) _____

Name : Aditya Raghuvanshi

Name of Father/Spouse: Ramvir Singh Raghuvanshi

Institute Name: SOPR

DOB: 12/06/1997 Batch (Year): 2017 Enrollment No.: P4002171704A

Residential Address: near Bhopal Memorial Hospital Vidhan Sदनलय Pin code: 462038

Occupation Student Nil (Current) Designation _____

Office Address: Byg pass road soni colony Ashoknagar (M.P.) Pin code: _____

Phone No.: 9893057699 Mobile No.: 9131954658

Permanent Email ID: adityaraghuvanshi23@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

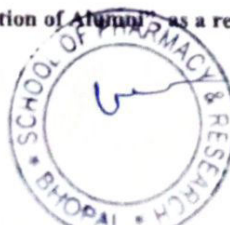
Nil

Special achievements: nothing

Any other details: No

Place: Bhopal Date: 03/09/2021 Signature: Aditya

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with this form at college address send it through email)



Receipt Number SOPR/7659 Date 3/09/2021 Signature of the receiver _____

ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : SANJAY KUMAR YADAV

Name of Father/Spouse: RAMLAL YADAV

Institute Name: SCHOOL OF PHARMACY AND RESEARCH

DOB: 09/10/1996 Batch (Year): 2017 Enrollment No.: PU-044171704A

Residential Address: Bhojwan (Khangsenpur) Thanagaddi
Block Kerakat Jampur (U.P.) Pin code: 222181

Occupation nil (Current) Designation nil

Office Address: _____
Pin code: 222181

Phone No.: _____ Mobile No.: 9082017729

Permanent Email ID: Sy7424993@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

NO

nil

Special achievements: nil

Any other details: _____

Place: Bhopal Date: 02/09/2021 Signature: Sanjay

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with this form at college address send it through email)



Receipt Number SOPR/7654 Date 2/9/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Abhay Ranjan

Name of Father/Spouse: Muneshwar Prasad

Institute Name: School of pharmacy & Research

DOB: 05/05/1997 Batch (Year): 2017-18 Enrollment No.: PU-001171704A

Residential Address: Vill - Barikawal, P.S - Dobhi

P.O - Nardawan, Dist. - Gays (Nihar) Pin code: 824201

Occupation Nil (Current) Designation student

Office Address: NO

Pin code: _____

Phone No. : _____ Mobile No. : 8003179190

Permanent Email ID: Abhay LO ranjan @ gmail . com

Your suggestion if any and in what way you can contribute for institutional development:

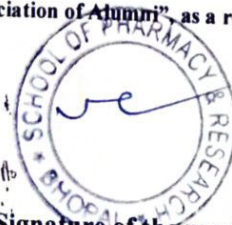
Nil

Special achievements: NO

Any other details: NO

Place: Bhopal Date: 11/1/2021 Signature: Abhay Ranjan

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7628 Date 9/01/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-4620

Membership Registration Form



Membership No. (for office use only) _____

Name : Nitresh Rai

Name of Father/Spouse: Hanendra Rai

Institute Name: School of Pharmacy & Research

DOB: 14-10-1999 Batch (Year): 2017-18 Enrollment No.: PU-021171701A

Residential Address: S/o Hanendra - Kn. Rai, 105,

DST Colony Pasighat, SE Power Complex Pasighat Pin code: 751102

Occupation Nil (Current) Designation Student

Office Address: _____

Pin code: _____

Phone No. : 9131121135 Mobile No. : 9131121135

Permanent Email ID: nitresh573@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

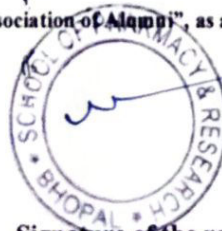
Nil

Special achievements: _____

Any other details: _____

Place: Bhopal Date: 01/9/2017 Signature: N Rai

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7629 Date 1/9/2017 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____
Name : VIRENDRA SINGH BHOURIYAL
Name of Father/Spouse: BASANT SINGH BHOURIYAL
Institute Name: SCHOOL OF PHARMACY & RESEARCH
DOB: 22/08/1999 Batch (Year): 2017 Enrollment No.: PU 056 17170 4 A
Residential Address: NEAR GIC ROAD, NEW MARKET, BERINAG
, PITHORAGARH UTTARAKHAND Pin code: 262531
Occupation HIGHER STUDIES (Current) Designation STUDENT

Office Address: -
Pin code: -

Phone No. : _____ Mobile No. : 8273221345
Permanent Email ID: vsbhouriyal 22 @gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

NIL NIL

Special achievements: NO

Any other details: _____

Place: BHOPAL Date: 1/9/21 Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7620 Date 31/8/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : RAMESHWAR SISODIYA

Name of Father/Spouse: NARAYAN SINGH SISODIYA

Institute Name: SCHOOL OF PHARMACY AND RESEARCH BHOPAL

DOB: 16/10/1998 Batch (Year) : 2017 Enrollment No.: PU-040171704A

Residential Address: Village - Sedai, Block - Narsinghgarh
Dispic - Rajgarh Pin code: 465685

Occupation Higher studies (Current) Designation student

Office Address: School of pharmacy and research
Peoples University Bhopal Pin code: 462057

Phone No. : _____ Mobile No. : 9753611043

Permanent Email ID: rameshwarhajput992@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: NO

Any other details: NO

Place: Bhopal Date: 1/09/2021 Signature: Rajput

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni", as a registration fees along with hits form at college address send it through email)



Receipt Number SUPR/7622 Date 31/05/2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : SHUBHAM PRAJAPATI

Name of Father/Spouse: SUNIL KUMAR PRAJAPATI

Institute Name: SCHOOL OF PHARMACY & RESEARCH BHOPAL

DOB: 26/1/2000 Batch (Year): 2017-21 Enrollment No.: PU-047171704A

Residential Address: 204 D SECTOR NIRMAL PALACE
AWADHPURI BHOPAL Pin code: 462022

Occupation Higher studies (Current) Designation Student

Office Address: School of Pharmacy & Research
Peoples university Bhopal Pin code: 462037

Phone No.: 9340708538 Mobile No.: 9826489712

Permanent Email ID: PrajapatiShubham067@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: No

Any other details: No

Place: Bhopal Date: 1/9/21 Signature: Shubham

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number SOPR/7627 Date 1/9/21 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : SUSHEEL KUMAR DESHMUKH

Name of Father/Spouse: MR. THUNNU DESHMUKH

Institute Name: SCHOOL OF PHARMACY AND RESEARCH

DOB: 15-12-1999 Batch (Year) : _____ Enrollment No.: PU-053171704-A

Residential Address: H.No 97 PURHOTAM NAGAR

PHASE I SEMRA KALAN BHOPAL Pin code: 462010

Occupation Higher Studies (Current) Designation Student

Office Address: SCHOOL OF PHARMACY AND RESEARCH

PEOPLES UNIVERSITY BHOPAL Pin code: 462037

Phone No. : 7024244186 Mobile No. : 7240866171

Permanent Email ID: susheeldesh1512@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil

Special achievements: No

Any other details: No

Place: BHOPAL Date: 11/09/21 Signature: Susheel

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" by registration fees along with hits form at college address send it through email)



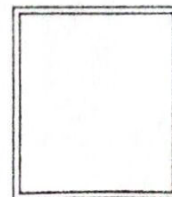
Receipt Number SOPR/7623 Date 31/08/2021 Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name: Jai Kishan Jareliya.

Name of Father/Spouse: Mr. Aashu Narayan Jareliya.

Institute Name: School of Pharmacy & research.

DOB: 06/12/1999 Batch (Year): 2016-17 Enrollment No.: PU-02171604A.

Residential Address: 297, Shriyachanbad road Near Milibry gate Bhopal.

Pin code: 462001.

Occupation student (Current) Designation student,

Office Address: _____

Pin code: 462001.

Phone No. : _____ Mobile No. : 7566117683

Permanent Email ID: Jainarayan 108@gmail.com

Your suggestion if any and in what way you can contribute for institutional development:

Nil.

Special achievements: 5a Re Ga Ma Pa 2018 (silver Medalist), winner of BSSS Rhythmic (2019)

Any other details: _____

Place: Bhopal Date: 07/09/2021. Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of PHARMACY" a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : MAYANK SAXENA

Name of Father/Spouse: MR. SHASHI KANT SAXENA

Institute Name: SCHOOL OF PHARMACY & Research

DOB: 22/12/1992 Batch (Year) : 2017-19 Enrollment No.: PU-006171705-B1

Residential Address: L-4 LALITA NAGAR NAYAPURA KOLAR
ROAD BHOPAL (M.P.) Pin code: 462042

Occupation STUDENT (Current) Designation _____

Office Address: _____

Pin code: _____

Phone No. : _____ Mobile No. : 8269806031

Permanent Email ID: SAXENA ANOJ 92 @ Gmail . COM

Your suggestion if any and in what way you can contribute for institutional development:

NONE

Special achievements: _____

Any other details: _____

Place: BHOPAL Date: _____ Signature: [Signature]

(Kindly send 1000/-cash/DD, in the name of "People's University association of Pharmacy" a registration fees along with this form at college address send it through email)



Receipt Number _____ Date _____ Signature of the receiver _____



ALUMNI ASSOCIATION

SCHOOL OF PHARMACY & RESEARCH (SOPR CHAPTER), BHOPAL-462037

Membership Registration Form



Membership No. (for office use only) _____

Name : Hussain Saify

Name of Father/Spouse: Zulfekar Saify

Institute Name: School of Pharmacy and Research (People's University)

DOB: 05/09/1995 Batch (Year): 2017-18 Enrollment No.: PU-019-17A04A

Residential Address: H.No Flat No-52 Ashoka colony
Noor Mahal Road Bhopal (M.P.) Pin code: 462001

Occupation Nil (Current) Designation Nil

Office Address: Nil

Pin code: Nil

Phone No. : _____ Mobile No. : 7000 417884

Permanent Email ID: hussain.saify11@gmail.com

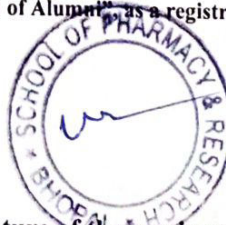
Your suggestion if any and in what way you can contribute for institutional development:

Special achievements: No

Any other details: No

Place: Bhopal Date: 10/09/21 Signature: Hussain

(Kindly send 1000/-cash/DD, in the name of "People's University association of Alumni" as a registration fees along with hits form at college address send it through email)



Receipt Number _____ Date 10/09/21 Signature of the receiver _____