



# YOUTH PHARMACIST FORUM

(Registered Under Trust Act, 1882)

Registration No. 1243, Govt. of NCT of Delhi  
Niti Aayog (NGO Darpan), Govt of India Regs. No. DL/2023/0360405

MEMBERSHIP NO: YPF-.....(For Office use only)

### 1. PERSONAL DETAILS:

Name: .....

Father's Name: .....

Date of Birth: .....Blood Group.....

Permanent Address: .....

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State: ..... Pin Code: .....

WhatsApp No: .....

Email Id: .....

Correspondence Address: .....

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State: ..... Pin Code: .....

### 2. OFFICE / INSTITUTION ADDRESS:

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State: ..... Pin Code: .....

### 3. PROFESSIONAL DETAILS:

A) Highest Educational Qualification:

D. PHARM [ ] B. PHARM [ ] M.PHARM [ ] PHARM D. [ ] Ph.D [ ] M.B.A [ ]

\* Any Other Professional Degree/ Diploma related to Pharma & Healthcare:

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Name of University/ Institute: .....

Signature of Candidate

### ACKNOWLEDGEMENT SLIP

(FOR OFFICE USE ONLY)

NAME.....Membership No. YPF-.....

Date.....

Signature

**B) Other Affiliations/ Membership Details:**

- 1.....
- 2.....
- 3.....
- 4.....

**4. YPF MEMBERSHIP FEE (Tick anyone option):**

**STUDENT MEMBERSHIP:**

- A. ASSOCIATE MEMBER: [Rs.500/-] (Valid for three years only)
- B. LIFETIME MEMBER: [RS.1050/-] (Valid up to Lifetime)

**WORKING PROFESSIONAL MEMBERSHIP:**

- A. ASSOCIATE MEMBER: [Rs.1100/-] (Valid for three years only)
- B. LIFETIME MEMBER: [RS.2100/-] (Valid up to Lifetime)

**INSTITUTIONAL / COMPANY / FIRM MEMBERSHIP:**

- A. ASSOCIATE MEMBER: [Rs.3100/-] (Valid for three years only)
- B. LIFETIME MEMBER: [RS.5100/-] (Valid up to Lifetime)

**5. PAYMENT DETAILS:**

A. Mode of Payment: (Choose anyone option)

Cash [ ]    Cheque [ ]    Demand Draft [ ]    UPI [ ]    NEFT/ RTGS [ ]

(NOTE-CHEQUE /D.D should be in favour of YOUTH PHARMACIST FORUM)

**YOUTH PHARMACIST FORUM ACCOUNT DETAILS:**

Current Account No. : 923020057740227

IFSC Code : UTIB0002195

Bank Name : Axis Bank, West Enclave Branch, Delhi

B. Transaction Details :

Cheque/ D.D No.....

UPI Transaction ID.....

NEFT/RTGS.....

**Date:** .....

**(Signature of Candidate)**

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**CORRESPONDENCE ADDRESS:**

**YOUTH PHARMACIST FORUM**, WZ-15 E, Second Floor, Possangipur, Janakpuri, West Delhi, New Delhi- 110058 India

**Contact No. :** + 91 - 9410442430, 9811911830, 9540416416 **Email:** info@youthpharmacistforum.com

**Website :** www.youthpharmacistforum.com