



Indian Association of Colleges of Pharmacy

for a better body of knowledge

INSTITUTIONAL MEMBERSHIP ENROLMENT

APPLICATION FORM

Name of the Institution / Organisation / Corporate :

Chairman / Managing Director / Principal Name :

Brief description of the Institution / Organisation /
Corporate :

Courses available :

Sanctioned Strength :

Mailing Address :

State :

Phone No. :

Mobile :

Fax No. :

Email id :

Place :-

Date :-

Signature with Seal

Institutional Membership fee of Rs.10,000/- shall be drawn on any Nationalised Bank in favour of "IACP" payable at Chennai.