



REGIONAL INSTITUTE OF PHARMACEUTICAL SCIENCE AND  
TECHNOLOGY

**(RIPSAT)**

P/O ABHOYNAGAR, AGARTALA,  
PIN 799005

**ALUMNI REGISTRATION FORM / UPDATING  
FORM**

SCANNED PHOTO

Tripura University Roll number : - T.B.P.E Roll Number :- Year of Passing :-		Office Use Only	
<b>PERSONAL DETAILS</b>			
1.	Name:-		
2.	Name of Father / Guardian / Husband: -		
3.	Date of Birth: -		
4.	Sex:-	Male	Female
5.	Year of Study:-	From:-	To:-
6.	Course:-	B.Pharm	D.Pharm
<b>Address Details</b>			
Permanent		Present	
Pin Mobile email		Pin Mobile email	

8.	Qualification Acquired after leaving RIPSAT	
	Course	Name of Department
		Year of Passing
9.	Employment Details	
	Government	Private
	Name and Address of the Organization	Name and Address of the Organization
10.	Marital Status:-	Married Unmarried
11.	Any other relevant information:-	

**DATE:-**

**SIGNATURE OF THE ALUMNI**

Alumni are requested to send the Alumni Registration form / Updating form to [principalripsat@gmail.com](mailto:principalripsat@gmail.com)