SMT. NHL MMC ALUMNI ASSOCIATION

REG.NO.F/10163/AHMEDABAD, GUJ./10301/AHMEDABAD

website: www.nhlmmc.edu.in

DR.PANKAJ R. PATEL Chairman (M)09327426851

DR. TUSHAR LAKHIA Secretary (M)09824250759

DR. YOGENDRA S. MODI Treasurer (M)09824021444

APPLICATION FOR MEMBERSHIP

То,		Membership No.:		
The Secretary Smt.NHL MMC Alumni Association Date:				
from to Associa from to on (Na. ASSOC Donati	he year ation as given in it me to time. I am en me of Bank) CIATION payable a	I ag. s Constitu closing CA 	on LIFE MEMBER of Smt.NHL MM ree to abide by all the Rules ar ution and any changes made in its of ASH/CHEQUE/ D.D. No in favour of SMT. dabad for Rstowards	nd Regulations of the General Body Meeting dated NHL MMC ALUMNI
First Name Middle Name Surname Qualifications with years: Present Designation/Name of the Department and the Institute:				
Complete Postal Address (Residential) with Pin Code and State: Phone No.:Mobile No E-mail				
(Kindly Date of	of the valid membe		NHL MMC Alumni Association) <u>BIODATA</u> nation for the Membership directory)	
Sr.No.	Qualifications	Year	College/Institution/Academic Body	University
	MBBS MSc			
	MS / MD			
	DM/MCH/DNB			
Date/ Y	ear of joining Smt.	NHL MM	C College :	Signature
FOR OFFICE USE				
Life MemberMembership No.Membership No.Receipt No.Year				