

# MEMBER REGISTRATION FORM

## IPGMER ALUMNI ASSOCIATION MEMBERSHIP REGISTRATION FORM

[Regn.No.:S/1L 35189 of 2005-6; West Bengal Act XXVI of 1961]

PHOTOGRAPH

NAME:

DATE OF BIRTH (DDMMYY):

SEX (M/F):

MEDICAL REGN. NO. & NAME OF COUNCIL\*: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ PIN/ZIP: \_\_\_\_\_

PHONE NO.(Land, Including STD/ISD

codes): Home:

Office:

MOBILE NO.

E-mail: 1) \_\_\_\_\_ 2) \_\_\_\_\_

QUALIFICATIONS & YR: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

PRESENT DESIGNATION & ATTACHMENT: \_\_\_\_\_

QUALIFICATION(S)\* achieved at IPGMER & Period of training (years: from & to):

1) \_\_\_\_\_ 2) \_\_\_\_\_

Any other relevant information\*\* (hobbies, co-curricular etc.):

**DECLARATION:** I declare the above information to be true to the best of my knowledge and belief. I further declare that I will abide by the memoranda and regulations of the IPGMER Alumni Association.

Date:

Signature:

Note: \*Relevant documents to be provided. \*\*Optional

For office use

Payment received -Cash/cheque (details):

Membership number: