

P. D. U. MEDICAL COLLEGE ALUMNI ASSOCIATION

REGISTRATION FORM

Instructions:

- a) Enter name in `ALL CAPS` ; Write e-mail in appropriate case
- b) Please try to preserve the word format
- c) Give all possible details

Attach passport size colour Photograph

(Select the box and choose "INSERT" option)

	Under-Graduation	Post-graduation
Year of Admission #		

#please mention the degrees earned at PDU Medical College ONLY

Name: (Capital letters only)

First name

Middle name

Last name

Address: (Residence): mark for preference of correspondence

Address (Workplace): mark for preference of correspondence

Phone No. (Please add Country code e.g. +91 XXXXXXXXXXX)

Residence														
Workplace														
Mobile														

E-mail:

Educational Qualification:

Degree	Specialization	Year	Institute	Achievement *
M.B.B.S.				
M.D./ M.S.				

*excellence in field of academics e.g. ranks, medals etc

Current Position:

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Area of Special Interest:

1)

2) **Special Achievements:** (Professional & Personal. Add separate sheet, if needed)

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Family Details:

Family Member	Name	DOB	Education
Spouse :(Mark <input type="checkbox"/> if alumni of PDUMC)			
Children			

Your Birth Date (DD/MM/YYYY) :

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Your Wedding Date (DD/MM/YYYY) :

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I am herewith sending you a cash / cheque / DD / Direct Deposit No. _____ of Rs.500 (FIVE HUNDRED ONLY) in Favour of “PDU Medical College Alumni Association, Rajkot payable at Rajkot. Dated ___/___/_____.

Cash / cheque can be deposited directly to Dena Bank, Para Bazar, Rajkot. Branch (Bank IFSC code: **BKDN0310030**; MICR Code: **360018002**; A/C No. **003010025459**. Please mention your name in transaction remarks in case of online transfer.

Soft copy of the form and all queries can be submitted via e-mail to pdualumni@gmail.com

Declaration:

I hereby declare that, above mentioned detail are correct to the best of my knowledge.

Date:

Place:

Signature