



CALCUTTA NATIONAL MEDICAL COLLEGE ALUMNI ASSOCIATION

32, Gorachand Road, Kolkata 700 014,
Tel : 033 2284 2616, Cell : +91 98361 85025
E-mail : cnmcalumni.a@gmail.com
Website : http://www.cnmcalumni.com

2 copies of
coloured
passport
photograph

APPLICATION FOR LIFE MEMBERSHIP

To
The Hony. Secretary
Calcutta National Medical College Alumni Association

Dear Sir/Madam,



SCAN & PAY

Kindly enrol me as a Life Member of the **Calcutta National Medical College Alumni Association**. The Life Membership Fee of Rs. 2000/- is being deposited herewith by Cash/NEFT/Cheque No..... dt..... on..... Bank.....
Branch (Cheque should be drawn in favour of "**Calcutta National Medical College Alumni Association**")
Bank details: A/C No. : 0087010099295, Punjab National Bank, CIT Road Branch Branch, IFSC : PUNB0008720.

1.	Full Name			
	(in Capital Letter)	First	Middle	Surname
2.	Sex	M	F	
3.	Date of Birth			
4.	(a) Year of entry in M.B.B.S.		(b) Year of Passing M.B.B.S.	
5.	Professional attachment (if any)			
6.	Speciality (if any)			
7.	Address			
	(a) Office / Clinic			Ph.:
	(b) Residence			Ph.:
	(c) Permanent			Ph.:
	Mobile	E-mail		

I undertake to abide by the rules of the Association and shall endeavour my best to promote the aims and objectives of the Association. The entire life membership fees will be preserved in Corpus Fund of the Alumni Association.

Plate :

Date :

Signature in Full

For Office Use

Money Credited on

Receipt No. & Date

Enrollment No.

Life Membership No.

Secretary / Treasurer