

Life Membership no.

Calcutta National Medical College Alumni Association

32, Gorachand Road, Kolkata - 700 014 Phone: 2284-2616, E-Mail: cnmcalumni.a@gmail.com Website -http://www/cnmcalumni.com

Paste Coloured **Passport** Photograph

APPLICATION FOR LIFE MEMBERSHIP

Calc	Hony Secretary cutta National Medical Colleg nni Association	je	-				
Dea	r Sir,						
• • • • • •	Kindly enrol me as a Life I scription of Rs. 1000/- is beinBankBank.cutta National Medical Colle	g der	osited h	erewith	by Cash / Cheq	ue no ue should h	dt on ne drawn in favour of
1.	Full Name:					ţ.	
	(in Capital letter)	Fire	First		Middle	Surname	
2.	Sex: M F	3.	Date of	Birth:			
4.	(a) Year of entry in M.B.B.S.			(b) Ye	ar of Passing M.I	B.B.S	
5.	Professional attachment (if a	ny)					
6.	Speciality (if any)						
7.	Address						
	(a) Office / Clinic						
						Ph.:	
	(b) Residence						
						Ph.:	
	(c) Permanent					4	
					,	Ph.:	
	Mobile	Fax			E-mail		
obje	dertake to abide by the rules ctives of the Association. The ociation. Place:	of the	e Associa life mem	ation ar ber shi	nd shall endeavo p fees will be pre	our my best to eserved in Co	o promote the aims and rpus Fund of the Alumn Signature in Full
			F	or Offi	ce Use		
	Money Credited on						
	Receipt no. & date					.1	
à s	Enrolment no.					_	
	Life Membership no.						Secretary / Treasurer