

# APPLICATION FOR MEMBERSHIP

## GCS Medical College Alumni Association

The Secretary,

GCS Medical College Alumni Association

Date:

I desire to enlist myself as an LIFE MEMBER of GCSMC Alumni Association. I agree to abide by all the Rules and Regulations of the Association as given in its Constitution and any changes made in its General Body Meeting from time to time.

I am enclosing CASH/CHEQUE/ D.D. No..... dated ..... on (Name of Bank)..... in favour of GCS Medical College, Ahmedabad for Rs.....towards the Life Membership /Donation.

**Name in full (in Block Letters):**

.....

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:** .....

**Proposed by:**

.....

(Name of the valid member of GCSMC Alumni Association)

**BIODATA**

(Kindly furnish the following information for the Membership directory)

**Date of Birth:** .....

**Academic Qualifications:**

Qualifications                      Year                      College/Institution                      University

MBBS

MS/MD

DM / MCH /DNB

**Date/ Year of joining GCS Medical College:** \_\_\_\_\_

Signature