

Georgian Alumni Association

(KGMC, KGMU, UPKGUDS, CSMMU & KGMU)

MEMBERSHIP FORM

Name:			Age:		
Year of Entrance Batch in MBBS/BDS/DM/MCh/MD/MS/MDS/Diploma:					
Specialization:					
Year of Joining as a Faculty:			Department:		
Address:					
Tel. No. (Res.):			Mob. No.:	<u></u>	
E-Mail ID:					
Present Employment:					
Honours & Felicitations:					
Membership:- Life Membership Fees: Rs. 2000/-					
Demand Draft in favou	r of "Georgia	n Alumni Associa	ition " payable at Luckno	w by cash/Cheque	
DD No.:	_Dated:	Drawn	on	 	
ʻ I undertake the respor	nsibility of info	orming the in addre	ess and contact Phone No	0.	

Note- Please send your two passport size photographs attach with this form.

For Correspondence:-

Alumni Office

Signature