

GOVERNMENT MEDICAL COLLEGE, BHAVNAGAR ALUMNI ASSOCIATION

{**Type of Membership:** Alumni Membership: This will be open to all graduates of Govt. Medical College, Bhavnagar, PG Alumni Membership: This will be open to all persons obtaining their post graduate qualification from Govt. Medical College, Bhavnagar irrespective of from where they graduated. Teacher Alumni Membership: This will be open to all teacher of Govt. Medical College, Bhavnagar, }

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 Government Medical College, Bhavnagar ONLY

Name:(Capital letters only)

First name

Middle name

Last name

Address: (Residence): mark Ö for preference of correspondence **ÿ**

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

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:

Your Birth Date (DD/MM/YYYY) :

Your Wedding Date (DD/MM/YYYY) :

I am herewith sending you a cash /cheque / DD / Direct Deposit No_ _____ of Rs.1000 (ONE THOUSEND ONLY)or USD 50=00 inFavour of “Government Medical College, Bhavnagar Alumni Association, payable at Bhavnagar. Dated ___/___/___.
Cash / cheque/DD can be deposited directly to Bank of India, Nilambaug Branch, Bhavnagar (Bank IFSC code: BKID0003204; A/C No. 320410110007431. 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 alumnibhavnagar@yahoo.com. Hard Copy sent to Secretary GMCBA, Dr. AnkurZalawadiya, Department of Anatomy, Government Medical College, Bhavnagr. Near S. T. Stand, Bhavnagar, Gujarat-364001. M: 9426539848

Declaration:

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

Date:

Place:

Signature