

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
M-671, SECTOR 26, CHANDIGARH.
ALUMNI MEET ENROLMENT FORM

Name of the Doctor :

Father's / Husband's Name :

Date of Birth :

Qualification :

Year of passing from HMCH :

Address: - Clinic :

Pin

Phone :

Email. :

Residence

Designation & Nature of work :

Specialization & extra qualification:.....

Hobbies :

Family particulars :

a.. Married / Single b.. Marriage Anniversary

c.. Name of spouse & DOB

d.. Occupation of spouse

e.. Number of children

f.. DOB of Children's

Dear President / Convener

I wish to be enrolled as a member of H.M.C.H. Alumni.

DECLARATION BY CANDIDATE

I declare that the above particulars are correct. I have read the aim and objectives, rules & regulations of H.M.C.H. Alumni and I shall abide by the same and any amendments made from time to time.

I am enclosing Rs. 500/- / Rs. 750/- / Rs. 1000/- as an annual meet fee by cash / or by online.

(For online, send money to SBI a/c name "Principal, Homoeopathic Med. College ", **A/c No. 65020397747**, **IFS Code : SBIN0050116.**, After that sms comes and write details (NEFT or any other mode of Rs. _____ with Ref. no. _____ dated _____ credited to college account on dated _____.

Date: _____

Signature _____