

Government Dental College Alumni Association, Jaipur

Membership Application Form

Type of Membership:	Annual Lifetime
Name: Dr.	Last First Middle
Date of Birth:	Anniversary: / / /
Hospital/Clinic Address	<u>, </u>
	Pincode
If in Government Service, Designation:	
Office Address:	
	Pincode
Residence Address:	
	Pincode
E-mail:	
Website:	
Tel: (Clinic)	Resi.
Mobile:	
Year of Admission in GDC:	
Subscription:	Annual Fee: Rs.300.00 Lifetime Membership: Rs.3,000.00
Issuing Bank Name:	
Cheque No:	
For Office Use Only	
Gdcaaj/Membership No	
	Authorised Signatory

Cheque/ Draft to be issued in the Favour of **Government Dental College Alumni Associtaion Jaipur**, Payable at **Jaipur**.