



MAHE DENTAL COLLEGE ALUMNI ASSOCIATION

S.No. 36 of 2022

Registered Under the Societies Registration Act, 1860 (Act No XXI of 1860)

Chalakkara, P.O. Pallor, Mahe-673 310

U.T. of Puducherry. Ph : 9447389016

Please
Affix one
passport-size
photograph
here

REGISTRATION FORM FOR MEMBERSHIP

1. Name: 2. Date of Birth:

3. Father's Name: 4. Mother's Name:

5. Present Address:
(With Pin Code)

Residence: Mobile: Whatsapp No:

E-mail:

6. BDS : Year of Joining: 7. Year of Passing final year:

8. MDS : Year of Joining: 9. Year of Passing final year:

10. Details of the Family Members:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
.....
.....
.....
.....

11. Any Special Information about Yourself:

.....
.....

I declare that the above-mentioned details are true to the best of my knowledge and I promise to abide by all the rules and regulations framed by MAHE DENTAL COLLEGE ALUMNI ASSOCIATION.

Date:

Signature

Note: Registration Form is to be submitted along with two passport-size photographs and the membership fees.