

# THE ALUMINI ASSOCIATION TRUST OF SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

**KULASEKARAM**

**Reg. No: BK.IV.75/2009**

Door No: 3-81B, Sarada Krishna Homoeopathic Medical College Campus, Kulasekaram, K.K.Dist 629 161.

## MEMBERSHIP FORM (Please fill in block letters)

Full Name with initials

(a) Date of Birth   
 D D M M Y Y Y Y

(b) Sex  (M/F)



Father's/Husband's Name

### Educational Qualifications

Qualifications	University / Board	Year of Passing
General		
Professional		

(i) Medical Council Reg. No.  Part  Homoeopathy

(ii) Name of the Medical Council

(i) Address for Communication

(ii) Permanent Address

Pin Code

Pin Code

Telephone No. (with ISD/STD Code)

Clinic

Residence

Mobile

Email

If employed, give Details :

1. Type of Membership : Annual  Life

2. Date of Joining

3. Details of fee remitted :

4. Are you a member of any other organisation / association, specify details

I Dr. .... Solemnly declare that the information given above is true to the best of my knowledge and belief. I shall remit all the dues as may be prescribed from time to time and will obey the rules and regulations of the association as are enforced or amended from time to time.

Date :

Signature

### For Office use only

Membership ID :

Fee Collected ; Cash  MO  DD  Amount Rs :

Date of enrollment   
 D D M M Y Y Y Y

Secretary