



R. G. KAR MEDICAL COLLEGE EX-STUDENTS' ASSOCIATION

Administrative Building (Gr. floor), 1, Kshudiram Bose Sarani, Kolkata- 700 004

LIFE MEMBERSHIP FORM

Life Membership No. :

Receipt No. :

Date :

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Size Photo

(Please fill up in Capital Letters only)

1. Name :
2. Address :
(Permanent)
3. Address :
(for Communication)
- Phone No. : Mobile :
- e mail :
4. Date of Birth : Blood Group :
5. Year of Entry (MB/MBBS) : **MEDICOS**
(R. G. Kar Medical College)
6. Speciality, if any :

Signature of Hony. Secretary
R.G.K.M.C. Ex-students' Association

Full signature of the member

Date :