

# SVJCT'S SAMARTH NURSING COLLEGE

## ALUMNI ASSOCIATION OF SVJCT'S SAMARTH NURSING COLLEGE

### MEMBERSHIP FORM

Photo of Student

1. LIFE MEMBER/ AFFILIATE LIFE MEMBER/ STUDENT MEMBER/  
HONARARY MEMBER

2. NAME: \_\_\_\_\_  
(Name) (Middle Name) (Surname)

3. ACADEMIC YEAR: \_\_\_\_\_

4. MARITAL STATUS: Married/ Unmarried

5. PROFESSIONAL QUALIFICATION: B.Sc. (N)/ P.B.B.Sc. (N)/ M.Sc. (N)/ M.Phil (N)/ Ph. D (N)  
Qualification: \_\_\_\_\_

6. PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ TALUKA: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

STATE: \_\_\_\_\_ PIN CODE: \_\_\_\_\_

7. PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ TALUKA: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

STATE: \_\_\_\_\_ PIN CODE: \_\_\_\_\_

8. EMAIL ID: \_\_\_\_\_

9. MOBILE NUMBER: \_\_\_\_\_ PHONE: STD code(\_\_\_\_)(\_\_\_\_)

10. MODE OF PAYMENT: DD/ Cash/ Cheque/ Bank Transfer/ Net Banking Transfer

• In Favour of Secretary: Alumni Association of svjcts Samarth Nursing College Kasarwadi Sawarde , Maharashtra, India.

• Dated: \_\_\_\_\_ Bank: \_\_\_\_\_

• Place: \_\_\_\_\_ Amount: \_\_\_\_\_

• DD No./ cheque No. / Etc: \_\_\_\_\_

**SIGNATURE OF APPLICANT**