|  |  |  |
| --- | --- | --- |
|  |  |  |

Affix

Passport photo of the alumni

**\*1) NAME:**

**As provided during the time of admission:**

**Present name :**

**2) Residential Address:**

**3) Permanent Address:**

**4) Date of Birth:**

**\*5) Contact details:**

**Mobile Number:**   
**Email ID :**

**6) Admission details at SSDC:**

**\*YEAR OF ADMISSION: BDS: MDS:**

**Year of Passing : BDS: MDS:**

**If MDS – speciality :**

|  |  |
| --- | --- |
| **State** | **Registration No.** |
|  |  |

**\*7) STATE DENTAL COUNCIL REGISTRATION NO:**

**8) Details of Further educational qualification acquired if any:**  
 **9) Present Employment Details:**

**Designation :**  
**Organization with address:**  
**Phone No. :**

**10) Other Achievements/Remarks (If you want to specify)**

**11) Membership fee transaction details:**

**AMOUNT TO BE PAID IN FULL: Rs.2000/- (Rupees Two Thousand Only)**

**\*MODE OF PAYMENT : Cash/DD/Cheque/NEFT**

**\*TRANSACTION DETAILS: DD No. /Cheque No. / UTR No. \* DATE:**

**Place:**   
**Date : Signature**  
**\* MANDATORY FIELDS TO BE FILLED**

**Office use only:**

Receipt no: Date: