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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: