

N. R. S. MEDICAL SCHOOL & COLLEGE EX-STUDENTS' ASSOCIATION



Office :

**KALI DUTT MEMORIAL HALL
NILRATAN SIRCAR MEDICAL COLLEGE
138, A.J.C. BOSE ROAD, KOLKATA-700014**

APPLICATION FORM FOR LIFE MEMBERSHIP

Name : Dr. _____

Address : _____

Pin

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

 Telephone : _____ e-mail _____

Speciality : _____

Year of entry in School/College _____

I agree to abide by the rules and regulations of N. R. S. Medical School and College Ex-Students' Association.

Date.....

Signature.....

Subscription Rs. 2000/-

A/c. Payee Cheque should be issued in favour of
"N.R.S. Medical School and College Ex-Students' Association **Life Membership Fund**"

For Office Use

Receipt No.

Date : _____ Collected by :