



AHMEDABAD HOMOEOPATHIC MEDICAL COLLEGE
P.O. GHUMA, BOPAL-GHUMA ROAD, AHMEDABAD-58.

APPLICATION FORM FOR REGISTRATION
ALUMNI ASSOCIATION

Form No. _____

Please affix
Recent
Passport
Size
Photograph

PARTICULARS

(All the entries must be made in legible handwriting)

1. Name in full (beginning with surname):
(Block Letters) Shri/Smt/Kum. _____

2. Father's Name, _____
Occupation & _____
Permanent Address (Native Place): _____

3. Postal Address for Correspondence: _____

4. Telephone No. with STD CODE _____
& Email: _____

5. Mobile No. _____

6. Nationality: _____

7. Date of Birth: _____

8. Place of Birth: Village: _____ Taluka: _____
District _____
9. Qualification : _____

10. Passing Year (BHMS/DHMS) _____

11. Registration No. _____

12. Extra curricular activities, hobbies and other _____
interests with brief details: _____
13. Present activities: Teaching _____ Professional _____

I hereby agree that, if I joined, I will conform to and abide by present rules and regulations and any corrected & framed further by the authorities of AHMC Alumni Association. I was a student of the college, I do nothing unworthy of a student both inside and outside the college and will do nothing that will interface with its orderly working and Discipline.

Yours faithfully

Date: - -200

Signature of the applicant

Name of Applicant : _____

Note: contact for the Form submission: Mr. Brijesh Ahalpara 9824314383 applicant can submit the form at AHMC and Paldi OPD, Ahmedabad.