

**CHENNAI MEDICAL COLLEGE HOSPITAL AND**

**RESEARCH CENTRE (SRM GROUP)**

**IRUNGALUR, TIRUCHIRAPPALLI – 621 105**

**APPLICATION FORM FOR MEMBERSHIP OF ALUMNI ASSOCIATION**

To apply for a life membership, please fill this form and return it back along with a copy of receipt of payment Rs. 500/-.

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Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E – Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE DETAILS**

Course completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline studied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which year did you graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP REQUIREMENTS For office use only**

Which membership level do you require? Submitted fee receipt copy

Membership Level 1 – Yes, I am interested All the provide details are checked and verified

to get information and networking only

Membership Level 2 – Yes, I am interested in volunteering

for events and activities

Valid from : …………………………..

Photo

Signature : ……………………… Enroller signature : …………………………..

Date : ……………………… Date : …………………………..

**TERMS AND CONDITIONS OF USE**

Members of Level 2 Alumni are expected to abide by the rules within the college code of conduct, copies of which you are required to sign on enrolment.

**Please retain this page for your records**

**GENERAL**

1. Only ex-Higher Education Students who are on the Alumni database can apply for an Alumni Card.
2. Only one card is allowed per person.
3. Graduates cannot apply for cards on behalf of other graduates.
4. An Alumni Card will only be issued when the Alumni office has approved the application and the fee has been paid.
5. Benefits and services such as the Careers Service are subject to availability and access may be limited during peak periods.
6. An Alumni Card remains the property of Chennai Medical College Hospital & Research Centre and can be withdrawn at any time.
7. A replacement fee of Rs. 200/= will be charged in the event of a lost or stolen card.
8. If an Alumni Card is lost or stolen the Alumni officer at the college must be notified immediately.
9. Making copies of the card is strictly forbidden.
10. Lending your card to another person in order for them to gain benefits and services on offer or to gain access to the college will result in the card being cancelled and the card holder’s membership terminated.

**ALUMNI LIBRARY USE**

1. The Alumni card gives access to the Level 2 member’s college’s library for reference use

only.