



Dr. B. D. Jatti Homeopathic Medical College Alumni Association

(Registered Under S R Act. 1960 No. DRDW / SOR / 41 / 2019-2020)

E-mail : bdjattialumni2019@rediffmail.com

Dr. B.D. Jatti Homeopathic Medical College and Hospital,
D.C. Compound, Dharwad-01

Application for Membership

To
Secretary General
Dr. B. D. Jatti Homeopathic
Medical College Alumni Association, Dharwad

Dear Sir,

I here by apply to be a member of the
Dr. B. D. Jatti Homeopathic Medical College Alumni Association, Dharwad

Date : _____

Place : _____

Signature of the Applicant
Full Name _____
(in BLOCK LETTERS)

Details to be filled by the Applicant (in BLOCK LETTERS)

1. Name : Dr. _____
2. Father's Name _____
3. Spouse Name _____
4. Date of Birth : _____ Age : _____
5. Residence Address _____
_____ PIN Code _____
6. Phone or Mobile No. _____
7. BHMS : Year of Passing _____ Year of Completion of Internship _____
Reg. No. _____
8. MD, HOM : Year of Passing _____ Regn. No. _____
9. Are you in Private Practice ? Yes No
10. Are you in Service Yes No

Received at Secretariate (Place) _____ On _____

Secretary, Dr.BDJHMCAA

Index No.

NB : Please send the form with the three photograph pass port size. DD or Banker
Cheque or Cash for Membership Fee Rs. 300/-