BIO-DATA

MEMBER OF ALUMNI, GOVT. DENTAL COLLEGE

Name: _____

           (Surname)   (Middle Name)   (Last Name)

Note: Female members are requested to write maiden surname in bracket at the end

Date of Birth: _____ **Age**:_____ **Sex**:_____

Year of admission in First BDS at GDCH, Ahmedabad: _____

Year of admission in MDS at GDCH with Branch_____

Council Registration number with name of State:_____

Teacher's detail: Period of service in GDCH_____ **Department**_____

Address (Residence): _____

Address (Clinic):_____

College Address with Designation & Department (If working at

present):_____

Preferred mailing address: Office/ Residence/College

Contact Details with STD code: Residence:_____ **Office**:_____

College: _____ **Mobile**:_____

Email id:_____

Note: Above details will be used for preparing member's directory of Alumni Association

of Govt. Dental College Ahmedabad. Any change in address and contact details have to be

updated by members as and when required.

Signature of member with date and stamp

OFFICEUSEONLY
PaymentDetails: ChequeNo:_____ **dated**_____
Bank:_____ **Branch:**_____
ReceiptNo:_____ **Dateofreceipt:**_____