



**SCB MEDICAL COLLEGE ALUMNI ASSOCIATION**  
**Application for Membership**

Space for  
Passport  
Photograph

I, ....., wish to enroll as life member of  
(First, Middle, Surname)

**SCB MEDICAL COLLEGE ALUMNI ASSOCIATION .**

.....  
(Signature)

**Address for correspondence:**

\_\_\_\_\_

**Email:** ..... **Tel & Cell No:**.....

**Date of birth:** -----[dd/mm/yyyy]

**Academic Qualifications:**

Degree/Diploma	Year of Passing	University / Institution

**Application sponsors** (Two life members): (Name, Address and Signature)

i) \_\_\_\_\_  
\_\_\_\_\_

ii) \_\_\_\_\_  
\_\_\_\_\_

**Areas of Interest:** \_\_\_\_\_

**Hobbies and Pastimes:** \_\_\_\_\_

**Family Details**

Name of spouse: .....Name(s) of child(ren).....

Marriage anniversary: .....

**I enclose: -**

1. Self Attested Photocopy of the Degree/Diploma [obtained from SCB Medical College] Certificate.
2. A copy of my CV, highlighting publications, hobbies and other contributions.
3. Crossed Cheque / Bank draft [payable at Cuttack]/Net Banking/Credit Card/Debit card Transaction details for Rs. 5000/- in favour of "SCB Medical College Alumni Association"
4. 2 Copies of Recent passport size color photograph.

Form received on:

Approved by:

**Treasurer**

**Secretary**

**Joint Secretary**

Date:

Life Membership No.

Accepted on

**Filled in Application with enclosures should be sent by Speedpost to:**

**Prof. S.P. Singh,**

**Secretary,**

SCB Medical College Alumni Association,

Administrative Block, SCB Medical College Campus, **Cuttack 753007, Odisha, India.**

Email: scbmc.alumni.assoc@gmail.com