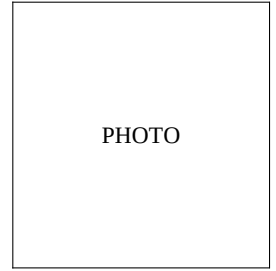




**Institute of Nursing Sciences,
Shri G.H. Patel School of Nursing, Karamsad
(Constituent of Bhaikaka University)**

ALUMNI ASSOCIATION MEMBERSHIP FORM

Fill in using CAPITAL letters only. Tick (✓) inside the applicable boxes.



Programme Studied

Academic Year

Title

First Name

Father Name

Last Name

Date of Birth Age

Marital Status Gender

E-Mail (Personal)

Mobile No.

Permanent Residential Address

District Pin code

State Country

Present Address (For Communication)

District Pin code

State Country

Present Position with working address

District Pin code

State Country

DECLARATION

I hereby sincerely declare that I have personally reviewed and confirmed all of the information provided on this form, that it is accurate, and that no material fact has been withheld or omitted. I hereby declare that I will comply by the rules and regulations of the nursing institute at Bhaikaka University that are currently in effect for the alumni association.

Date: _____ Signature: _____
Place: _____ Name of Candidate: _____

Please return membership form along with subscription fee and two copies of stamp size photograph to below mentioned address.

General Secretary, Alumni Association

**Institute of Nursing Sciences, Shri G.H. Patel School of Nursing, Karamsad – 388325, District Anand, Gujarat, India.
Contact : 02692-228550 / 228541 Email : alumniinsghpsn@bhaikakauniv.edu.in**

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