FRIENDS OF GMC JAMMU

(Registered under Reg. No. 744-CSA of 2024 dated 23-12-2024 under Societies Registration Act 1860)

MEMBERSHIP FORM

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☐ Life Membership	☐ Associate Membership

Paste a recent Passport size colored photograph here

Personal Information

Name of the Applicant: .....
Father's/Husband's name: .....
Blood Group: .....
Qualification: .....
Alumni/Ex-Faculty/Present Faculty/Spouse: .....
In case of GMC Jammu Alumni (Year of passing out): .....
In case of Ex-Faculty/Present Faculty (Designation & Department): .....

Contact Information

Country: ..... State: ..... City: .....
Address: ..... Pin code: .....
Mobile No: ..... Email Address .....

Payment Information

Mode of Payment: Cheque/Demand draft/NEFT/UPI ..... Cheque/Demand draft No.....
Name of Bank: ..... Branch: ..... City: ..... Amount: .....

Life Membership Fees: Rs 5000.00, Associate Membership Fees: 3000.00

Payment may be made through cheque/demand draft favoring "Friends of GMC Jammu" payable at Jammu or online via NEFT/UPI in the account given below:

Bank: J&K Bank, Branch: Medical College Jammu, IFSC Code: JAKA0MEDJAM
Account Number: 0373040100022372, UPI code: JKBMERC00417945@jkb

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Undertaking: *I undertake to abide by the rules of the society framed from time to time and confirm that no criminal proceedings are pending against me in any court of law as on today.*

Enclosures: ☐ MBBS Degree ☐ GMC Jammu joining letter **Signature of Applicant**

Recommended by two Life members

S. No.	Name of life Members	Mobile No.	Signature
1			
2			

For Office Use only

Receipt No. ..... Membership ID: ..... Signature of Authorized Signatory