

LIFE - MEMBERSHIP FORM

ALUMNI ASSOCIATION

L. T. COLLEGE OF NURSING

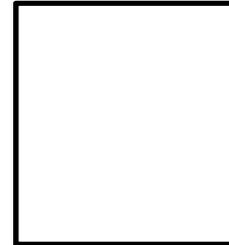
S.N.D.T. WOMEN'S UNIVERSITY

Registered under the Societies of Registration Act 1960

Membership No.

(Regd. No. 931)

L. T. College of Nursing, S.N.D.T. Women's University, 1, N.T. Road, Mumbai 400 020 INDIA
 Phone: 22087422, 9167264009 / Email: ltentারণan@gmail.com



Kindly fill in the form in **CAPITAL LETTERS**:

Kindly enclose 2 photos

Kindly sign the Members ID card before submission

Photocopies of the Form can be accepted

Name :			
Maiden Name :			
Date of Birth :			
Present Postal Address (Inform any change of address to Secretary)			
Permanent Postal Address			
Email Address			
Telephone Nos.		Mobile:	
		Residence:	
		Office:	
Educational Qualifications:		B.Sc Nursing	M.Sc Nursing
Year of Joining			
Year of Passing			
Name of the institution			
Additional Qualifications:		Name	
		Year	
		Institution	
If working present designation			
NOTE:			
Kindly pay in cash or cheque. Cheque to be drawn in favor of 'Tarangan' payable at Mumbai.			
Membership amount: For those residing/ working in India -Rs _____			
For those residing/ working out of India - \$ _____ (an equivalent amount to be paid in Indian currency)			

Received Rs. _____ / _____ \$ in cash / cheque. Cheque No. _____ dated _____ drawn on _____ (bank and branch).