



# The Medical College Ex-Students' Association, Calcutta

## Form for Life Membership Card

Name in block letters

Year of admission to MBBS Course at Medical College Kolkata

Year of graduation from Medical College, Kolkata\*

Discipline of specialization

Postal Address with Pin Code

Mobile

Email ID

Medical council registration number\*

Landline with STD code

Blood group:

Signature

\* Attach Photocopied supporting documents

Attach passport photograph