



SHRI. B.V.V. SANGHA'S  
P. M. NADAGOUDA MEMORIAL DENTAL COLLEGE AND  
HOSPITAL, BAGALKOT - 587101. (KARNATAKA)

**ALUMNI ASSOCIATION**

REG NO- DRBGK/228/2011-12  
e-mail : [pmnmdch1987.alumni@gmail.com](mailto:pmnmdch1987.alumni@gmail.com)  
web: [www.pmnmdch.edu.in](http://www.pmnmdch.edu.in)



FOURTH ALUMNI MEET ON - 19<sup>TH</sup> & 20<sup>TH</sup> JANUARY 2018

**REGISTRATION FORM**

NAME OF THE ALUMNUS:

DATE:

ALUMNI MEMBER:

YES

NO

NAME OF THE SPOUSE/ACCOMPANYING PERSON:

TOTAL NO OF PERSONS:

ADDRESS FOR CORRESPONDANCE/PERMANENT ADDRESS

CITY:

STATE:

MOBILE:

EMAIL-ID:

PHONE:

PIN CODE

SIGNATURE

**BANK DETAILS**

DD Should be taken in favor of "P M N M Dental  
College & Hospital Alumni Association, Bagalkot"

**NET BANKING DETAILS**

Bank: Allahabad Bank, Bagalkot Branch  
A/c No - 50081823110  
IFSC Code- ALLA0212548

Payment done by: DD

NET BANKING

CASH

Details: DD number:

Bank & Branch:

Amount:

DD or Net Banking Transaction Details should be sent along with Registration Form on or before 31/12/2017 to the following email id: [pmnmdch1987.alumni@gmail.com](mailto:pmnmdch1987.alumni@gmail.com) or WhatsApp to below mentioned No's.

Dr. Naveen S. 9980679237

Dr. Mahadevi Hosur - 9902896956,

Dr. Hirnamayi - 9739449334,

**NOTE: ACCOMMODATION FACILITY AT YOUR OWN DISCRETION**