

## **Application for Membership of PGIM Alumni Association**

Name:		•••••
Address:		
		•••••
Present Designation:	•••••	
Present Designation held from:		•••••
Basic Degree & University:		
Postgraduate Qualifications obtained f Certificate/ Diploma/ MSc/ Mas		ve year:
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<b>Other Qualifications:</b>		
SLMC Registration No:		
Employee/ Past Employee of PGIM/ M Study Designation: No. of years served (indicate years)		Member Board of
Contact Details: Tel: Home: Office: Mobile: Contact E mail:		
(E mail will be the mode of communica	tion, newsletters etc.)	
Date	Signati	ire of Applicant
For o	ffice use only	egistration No:
<b>Type of membership</b> : Full membership/ Associate i		
Amount paid:	Founder member Yes/ No	Fees
-	rounder member 165/190	Register Rs. 300/=
Receipt No:		Full Rs.1000/= $R_{s}$ 500/
Eligible/ Not Eligible	Secretary	Associate Rs. 500/= Life Rs.5000/=
Date of Approved by Executive Committee:	Date	Expat. Members- Full: USD100 Associate: USD 50