



Alumni Association of Sancheti Institute

Membership Form

Please
Affix your
Passport Size
PHOTOGRAPH

1. Name : _____
2. Date Of Birth : (MM/DD/Year) _____
3. Hospital/ Clinic/ Home Address: _____

City: _____ Pin _____

4. Mobile No : _____ Landline No : _____

5. E-mail ID : _____

6. Qualifications: _____ Year : _____

Hospital: _____ University: _____

7. Association with Sancheti Institute: (Pls. tick appropriate box. Also mention year.)

P. G Student: MS/ D. Orth / DNB. Year: From _____ To _____

Fellow / Observer: Year _____

Staff Member: (Lecturer/ Consultant). Year: From _____ To _____

Other: (Please Specify) _____

8. Areas of Interest in Orthopaedics : _____

9. Hobbies : _____

10. Membership Fee* : 250/- Only cash cheque D. D

(* Membership Fee- Only for New Members)

Please Send the Completed form to:

Ms. Harsha C.

Coordinator

Alumni Association of Sancheti Institute.

Sancheti hospital, 16, Shivajinagar, Pune – 411 005.

Mobile No +91 9552 044 044; Email: aasi@sanchetihospital.org

Website: www. sanchetihospital.org; www.sanchetiJRC.com