



OUR LADY ALUMNI ASSOCIATION

(OLAA)

Our Lady of Health School and College of Nursing
3rd Cross, Arulananda nagar, Thanjavur – 613007



MEMBERSHIP FORM

Dear Madam / Sir,

I wish to become an individual member of Our Lady Alumni Association. I subscribe to the aims & objectives of the association. I am sending herewith Rs..... in cash/by cheque no..... dated drawn in favour of Our Lady Alumni Association for life membership fees.

- 1.Name (in capital): _____
- 2.Course : _____ Batch: _____
- 3.Father's/ Spouse Name : _____
- 4.Date of Birth : _____ Wedding Date: _____
5. Present Designation : _____
6. Total Work Experience : _____ (Clinical / Teaching) _____
7. Present Address : _____

8. Permanent Address: _____

9. Contact Details Phone No. : _____ Mobile: _____
Facebook ID : _____ Whatsapp No : _____
Email Id : _____
10. Suggestions (If any): _____

Declaration: I confirm that all information given above is true and correct. In accepting the membership, I agree to abide by the rules & regulations of the association.

Yours Faithfully,

Date

(Signature)

(For office use only)

Note:

1. Cheque is made payable to Our Lady Alumini Association, Thanjavur.
2. Life membership Rs. 1000/-

Received Rs. _____ (In words) _____

In cash / Cheque No. : _____ Dated: _____

Bank.: _____ Place: _____

Receipt No.: _____ Dated: _____

Membership No. : _____ Dated: _____

President / Secretary:

Treasurer