Annexure II

Government Dental College Bangalore Alumni Association

NOMINATION FORM- ANNUAL GENERAL MEETING 2026

Name of the Applicant: _____

Post Applied For: _____

Qualification: BDS Batch (Joining Year):. _____MDS Batch (Joining Year): _____

Alumni Member Since: _____

Mobile Number: _____

Number of Tenures as Member of the Management Committee:

- **Post(s) Held and Year(s) of Tenure: _____**
- **AGM(s) Attended in the Past (Mention Year/s): _____**

_____

Signature of the Applicant

Name of the Proposer: _____

Qualification: BDS Batch (Joining Year):. _____MDS Batch (Joining Year): _____

Alumni Member Since: _____

Mobile Number: _____

Number of Tenures as Member of the Management Committee:

- **Post(s) Held and Year(s) of Tenure: _____**
- **AGM(s) Attended in the Past (Mention Year/s): _____**

_____

Signature of the Proposer

Name of the Seconder : _____

Qualification: BDS Batch (Joining Year):. _____MDS Batch (Joining Year): _____

Alumni Member Since: _____

Mobile Number: _____

Number of Tenures as Member of the Management Committee:

- **Post(s) Held and Year(s) of Tenure: _____**
- **AGM(s) Attended in the Past (Mention Year/s): _____**

_____

Signature of the Seconder