

ANNUAL GENERAL MEETING 2024

NOMINATION FORM

Please email this duly filled form to The Hon Secretary - info@gdcbalumni.com

Name of the Applicant-

Post Applied for -

Qualification - BDS Batch - (Joining Year). MDS Batch - (Joining Year)

Alumni member since - Mobile Number-

Number of tenure/s as a member of the mangement committee - Post held and Tenure year

AGM attended in the past (Mention the 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 tenure/s as a member of the mangement committee - Post held and Tenure year

AGM attended in the past (Mention the 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 tenure/s as a member of the mangement committee - Post held and Tenure year

AGM attended in the past (Mention the year/s)

SIGNATURE OF THE SECONDER