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Application for Digital Library Membership

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Secretary, BMCAA
Principal, BMC
Secretary, BMCSA

Name :
Institutional / Individual (tick as appropriate)

Class/Semester :

Staff / Alumni /others:

Address :

Email :

Tel. :

Date :

Signature :
(Individual Members – Please attach a PP Photograph)

Office use Only

Valid Till:

SI No Allotted:

Amount Collected:

Membership (Annual in INR)

BMC UG/HS	500=00
BMC PG	750=00
BMC Alumni	1000=00
Dental UG	500=00
Dental PG	750=00
Institution	10000=00
Life membership	10000=00
Non BMC UG	1000=00
Non BMC PG	2000=00
Non BMC Docs	2500=00
Nursing Faculty	500=00
Occasional (2 hrs)	50=00
Paramedical	250=00