

REGISTRATION FORM FOR ALL NHDC ALUMNI

1. MEMBERSHIP REGISTRATION FORM FOR INDIAN RESIDENTS AND PASSPORT HOLDERS (WITH PAYMENT OPTIONS)

OR

2. EXPRESSION OF INTEREST (EOI) FOR NON-INDIAN PASSPORT HOLDERS AND OVERSEAS ALUMNI (WITHOUT PAYMENT)

1. PERSONAL PARTICULARS

- **Full Name (as per current passport):** DR. / MR / MS. _____
- **Name During College Years (if different/prior to marriage):** _____
- **Gender:** ☐ Male ☐ Female ☐ Other / Prefer not to disclose
- **Country of Current Residence:** _____
- **Nationality / Passport Held:** _____

2. ACADEMIC DETAILS AT NHDC

- **Course(s) Completed at NHDC:** ☐ BDS ☐ MDS (*Department/Specialty:* _____)
- **Year of Admission to NHDC:** _____
- **Year of Graduation / Completion:** BDS: _____ MDS: _____

3. CONTACT DETAILS

Primary Email Address: _____

(All official communications, newsletters, and election updates will be sent here)

- **Primary WhatsApp-Linked Mobile Number (with Country Code):** + [] _____
- **Alternate Contact Number / Office Landline (Optional):** + [] _____
- **Current Clinic / Residential Address Abroad:** Address Line 1: _____

Address Line 2: _____

City / Town: _____ State / Province: _____

Postal / ZIP Code: _____ Country: _____

4. PROFESSIONAL ENGAGEMENT & INTERESTS (Optional)

- **Current Clinical Designation / Institution / Practice Name:**
- **How would you like to participate in NHDCAA initiatives? (Check all that apply)**

[] Delivering guest lectures, clinical webinars, or CDE workshops

[] Mentoring undergraduate/postgraduate students (career guidance, overseas licensing)

[] Contributing to research guidance and academic publication support

[] Assisting with regional overseas alumni chapter coordination

5. DECLARATION & ENROLMENT CONFIRMATION (check any one)

[] FOR INDIAN RESIDENTS/PASSPORT HOLDERS:

I hereby declare that I am an alumnus of Nair Hospital Dental College, Mumbai, and that the information furnished above is accurate to the best of my knowledge. I have enclosed / transferred my membership dues as per provided instructions to NHDC Alumni Association linked Bank based in Mumbai.

[] NON-INDIAN PASSPORT HOLDERS AND OVERSEAS ALUMNI:

I hereby declare that I am an alumnus of Nair Hospital Dental College, Mumbai, and that the information furnished above is accurate to the best of my knowledge.

I understand that my enrolment under this special registration scheme grants me immediate recognition as a member of the NHDC Alumni Association, and that formal membership dues/donations will be communicated once statutory approvals for overseas transfers are finalized.

Digital Signature / Full Name: _____

Date: _____

Place: _____

(PLEASE EMAIL THE SCANNED AND SIGNED FORM TO THE OFFICIAL ALUMNI SECRETARIAT AT:

nairdentalalumniassn@gmail.com