Annexure II

Government Dental College Bangalore Alumni Association NOMINATION FORM - ANNUAL GENERAL MEETING 2025

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