

# Sri Lakshmi Narayana Institute of Medical Sciences



## Alumni Affairs

Osudu, Agaram Village, Villianur Commune, Kudupakkam Post,

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### **Enrollment Form\***

**Alumni Association Registration Number: 466 Of 2015**

Name of the Alumni :  
Gender : Male/Female  
Year of completion of the Degree :  
Degree(s) awarded : MBBS/MD/MS/Ph.D  
Current Occupation & Designation :  
Name of the Present Organization :  
Office Address :  
Residence Address :  
Phone – Office :  
Residence :  
Mobile :  
Email ID :

**Signature of the Alumni**

\*Request to fill and send to the following email - [slimsoffice@bharathuniv.ac.in](mailto:slimsoffice@bharathuniv.ac.in)