

**PARAMEDICAL ALUMNI ASSOCIATION**  
**PARAMEDICAL SCIENCES**  
**ST. JOHN'S MEDICAL COLLEGE, BANGALORE**

Inauguration of paramedical alumni association was held on 1<sup>st</sup> October 2010 during Decennial celebrations of B.Sc., degree courses of allied Health Sciences. During this event, an executive committee, elected by Alumni staff, was formed.

Following are the names of the elected executive committee members.

<b><i>President:</i></b>	<b><i>Mr. Charles S.</i></b>
<b><i>Vice-president:</i></b>	<b><i>Mr. Shoy Sebastian</i></b>
<b><i>Secretary:</i></b>	<b><i>Mrs. Josephine Stephen</i></b>
<b><i>Treasurer:</i></b>	<b><i>Ms. Mary Ancila Jayanthi</i></b>
<b><i>Members:</i></b>	<b><i>Ms. Daisy Kiruba Bai</i></b>
	<b><i>Mr. Sreenivasan</i></b>
	<b><i>Mr. Ramakrishna Reddy</i></b>
	<b><i>Mr. Gopal</i></b>
	<b><i>Ms. Asha Kiran</i></b>

The first executive committee meeting was held on 31<sup>st</sup> Jan 2011 to decide on the protocols and functions of Alumni Association, The Executive Committee decided to meet on the 2<sup>nd</sup> Wednesday of alternate months.

***LifeTime Membership***

***Eligibility:***

- 1) DMLT from Batch 1975 onwards
- 2) B.Sc., Allied Health Sciences (MLT, Cardiac Perfusion Tech, Renal Dialysis, Radio Imaging) from Batch 1999 onwards
- 3) M.Sc., MLT from Batch 2007 onwards

**Membership Fees:**

- 1) Rs.500/- One time life membership fee. There is no annual or temporary membership.
- 2) Rs. 500/- for I, II & III year B.Sc., and I & II year M.Sc., MLT students will be collected through their fee.
- 3) Rs. 250/- for all alumni, who are serving presently as staff at SJMC & SJMCH.

**Registration:**

Paramedical alumni, desirous of life membership are required to fill the application form, given below along with a Demand Draft in *favor* of **Paramedical Alumni**, payable at Bangalore and send to the address- “ **Paramedical Alumni Association, St, John’s Medical college, Koramangala, Bangalore, Karnataka, India. PIN 560 034**”.

For any other detail or queries e-mail to [paramedalumnisjmc@gmail.com](mailto:paramedalumnisjmc@gmail.com)

**Registration form for Life Membership**

1	Name:	
2	Date Of Birth:	
3	Sex:	
4	Qualification/Education:	
	I. DMLT Batch:	
	II. B.Sc. Allied Health Sciences (a) Specify the Course: (b) Batch:	
	III. M.Sc. (c) Specify the Course: (d) Batch:	
5	Address for Communication:	
	Phone No;	
	Fax No.:	
	E-mail ID;	
6	Present Occupation/Designation:	

7	Other Qualification:	
8	Work Experience:	
9	Married:	Yes <span style="float: right;">No</span> Date:
10	Spouse Name: Date of birth: Occupation:	
11	Children Name & D.O.B	
12	Other details, information, Achievements or Remarks:	
13	Cheque/DD No.: Date: Amount:	

Date:

Place: