



**SRI VENKATESWARA MEDICAL COLLEGE
ALUMNI BUILDING ASSOCIATION INC. (SVMCABA)
SV MEDICAL COLLEGE CAMPUS
(In Between College Main Building and UG Men's Hostel)
TIRUPATI-1 A.P INDIA 517501**



WWW.SVMCABA.ORG

ALUMNI BUILDING INAUGURATED ON JANUARY 11, 2020

REGISTRATION / DONATION FORM

FULL NAME: _____
PLEASE PRINT FIRST MIDDLE FAMILY (LAST)

BUSINESS NAME: _____

PREFERRED MAILING ADDRESS: _____
STREET APT NO.
CITY STATE ZIP CODE

EMAIL: (PLEASE PRINT) _____

PREFERRED PHONE: _____ **FAX:** _____
(AREA CODE) NUMBER (AREA CODE) NUMBER

YEAR JOINED SVMC: _____ **YEAR GRADUATED FROM SVMC:** _____

SPECIALTY: _____

HOBBIES/SPECIAL INTERESTS: _____

COMMENTS/SUGGESTIONS/WILLINGNESS TO SERVE IN ANY COMMITTEES OF SVMCABA: _____

Governing Board of Directors

- | | |
|-----------------------------------|--------------------------------|
| Dr. Prema Sagar Reddy, Chairman | Dr. Nanda Kumar Thiruvaipati |
| Dr. Prasad A Jeerreddi, President | Dr. Rama Krishna Nadella |
| Dr. Mohan Mallam, Secretary | Dr. Rama Krishna Reddy Thumati |
| Dr. Jagan Reddy | Dr. Ramesh Nath Lingutla |
| Dr. Kumara Swamy Reddy Ragoor | Dr. Syam Prasad Kunam |
| Dr. Manorama Reddy | Principal SVMC |
- Health Department Commissioner

SVMCABA - MEMBERSHIP/DONATION APPLICATION

“The sole purpose of SVMCABA is to organize and promote fundraising for the development and upkeep of the Alumni Facility.”

Membership is open to all Alumni of SVMC

Please show your support to the Alumni Building by becoming a member and/or donating to the items of your choice: (EVEN IF YOU HAVE DONATED ALREADY)

MEMBERSHIP FEE FOR SVMCABA (ONE TIME)

- GRAND PATRON: Rs: 17 Lakhs**
Eligible for a slot in Governing Board of Directors or can nominate another member on their behalf. _____
- PATRON: Rs: 7 Lakhs** _____
- DONOR: Rs: 3.5 Lakhs** _____
- CONTRIBUTOR: Rs: 1 Lakh** _____

DONATION FOR:

	<u>Rupees (Rs)</u>		<u>Rupees (Rs)</u>
<input type="checkbox"/> Building Maintenance		<input type="checkbox"/> Digital Library	
<input type="checkbox"/> Webinars Set up		<input type="checkbox"/> Audio Visual Equipment	
<input type="checkbox"/> Resuscitative Science Equipment Purchase		<input type="checkbox"/> Resuscitative Science Expansion into semi urban/rural areas	
<input type="checkbox"/> Internet and Wifi		<input type="checkbox"/> Water Supply	
<input type="checkbox"/> Phone and Fax		<input type="checkbox"/> Gift Shop	
<input type="checkbox"/> Parking Area		<input type="checkbox"/> Computer Purchase	
<input type="checkbox"/> Auditorium		<input type="checkbox"/> Lawn Maintenance	
<input type="checkbox"/> A/C Units		<input type="checkbox"/> Student Scholarship	
<input type="checkbox"/> Medical Books/Journals			
<input type="checkbox"/> Office Staff/Employees			
<input type="checkbox"/> Other (Describe)			

Total Payment: _____

Enclose a check/draft/money order payable to “SVMCABA” for Rs: _____

OR

Pay via     (circle one) Rs: _____

Account # _____ Exp. Date _____

Security Code: _____ Billing Zip Code: _____

Mail or deliver completed application form with payment (if applicable) to:

SVMCABA
SV Medical College Campus
 (in between College Main Building
 and UG Men’s Hostel)
TIRUPATI-1 A.P INDIA 517501

Signature: _____ Date: _____

YOU CAN ALSO FAX THIS APPLICATION WITH CC DETAILS TO: FAX # 001 760 256 0310 (ATTN: MOHAN MALLAM, M.D)