

Dear Alumnus,

This is a request to you all to kindly update you information, which will be helpful to the college to get details of the alumni association, as well as assist in its accreditation endeavours. You may have already provided some of the information and we request you to give additional relevant details according to the format given below.

Kind regards,

SPANDANA – The alumni association of SDMCDS

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| Year of Admission | |
| Name of student | |
| Additional Degree (MDS/ DDS/ PhD/ FDSRCS/ M.Orth/ DNB/ MSc, etc.) | |
| Name of College & University of Additional Degree | |
| Year and Month of Higher Degree Completion | |
| Present Designation | |
| Current Place of Work College/Clinic Name, City, State, Country) | |
| Membership in Professional Bodies (Name of Organisation, e.g. IDA, ADA, Specialty Association, Social Organisation) | |
| Are/were you an Office Bearer in any of the Professional Bodies? If so, give the designation | |
| Do you regularly attend Continuing Dental Education Programmes? | |
| How many have you attended so far? And what type of programme (e.g. Seminars, Workshops, Conferences, etc.) | |
| Honors and Awards | |
| Contact Details | |
| e-mail | |