



**SHRI CHAMUNDAMATA
HOMOEOPATHIC MEDICAL
COLLEGE & HOSPITAL, JALGAON**

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Member Registration

Member Registration

Member No.	<input type="text"/>	Browse Photo.	Application No.	Date Format:	<input type="text"/>		
Member Type	<input type="text"/>			Date of Birth	<input type="text"/>		
First Name	<input type="text"/>			[Press enter key for DOB]			
Last Name	<input type="text"/>			Registration Date	09/23/2024		
	<input type="text"/>			Reg. Expiry Date	09/23/2024		
Address	<input type="text"/>				ID Card Issue Date	09/23/2024	
City	<input type="text"/>	Pincode	<input type="text"/>	Country	<input type="text"/>	Sex (M/F)	<input type="text"/>

Photograph Not Available

[Member Details - Specific Information]

Occupation	<input type="text"/>	Course/Discipline	<input type="text"/>	<input type="checkbox"/> Membership Activation
Designation	<input type="text"/>	Subject Interest(SD)	<input type="text"/>	
Phone No.	<input type="text"/>			
Fax No.	<input type="text"/>	Telex	<input type="text"/>	
Reference	<input type="text"/>			
E-mail Address	<input type="text"/>			
Nationality	<input type="text"/>	Caste Category	<input type="text"/>	
Proposer	<input type="text"/>			
Remark	<input type="text"/>			
Department	<input type="text"/>	Section	<input type="text"/>	

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Receipt No.	<input type="text"/>
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Member No. :	BH-20210032	Member's Photo	
Category :	STUDENT		
Member's Name :	Tejas Vijay Patil		
Material/Item Issue Limit :	10	Issued Items :	3
Membership Reg. Date :	10/01/2020	Membership Expiry Date :	10/01/2027

[Material Detail]

Accession No. :	<input type="text"/>	Material Type :	<input type="text"/>	Circulation Status
Title :	<input type="text"/>			
Author :	<input type="text"/>	Location :	<input type="text"/>	<input type="button" value="Issue"/>
Issued Date :	09/23/2024	Due Date :	01/01/2025	<input type="button" value="Clear"/>
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