



**Osmania Gandhi Kakatiya Medical Alumni Association of America**  
**OSMANIA, GANDHI & KAKATIYA MEDICAL COLLEGES**

346 McKinley Ave, Edison, NJ 08820 - Phone (908) 753-5262 - Fax (732) 525-0275 - Website:www.ogkma.org

PLEASE PRINT OR TYPE NEATLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Spouse Name: \_\_\_\_\_ MD? Yes / No \_\_\_\_\_ If yes, complete a separate application form.

**Home Address**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E Mail (Required): \_\_\_\_\_

Medical College: \_\_\_\_\_ OSMANIA \_\_\_\_\_ GANDHI \_\_\_\_\_ KAKATIYA \_\_\_\_\_ Yr. Graduated(Final MBBS)

Specialty: \_\_\_\_\_

Private Practice: \_\_\_ YES / NO \_\_\_\_\_ Academic YES / NO \_\_\_\_\_ If Yes, enclose CV \_\_\_\_\_

Univesity Affiliation \_\_\_\_\_

Resident / Fellow (Circle One) at \_\_\_\_\_:

Comments \_\_\_\_\_

**Dues**

Life Membership --- Individual ... \$ 500

Life Membership --- Joint ... \$ 750

Member-in-training --- Annual ... \$ 10

**Please Check**

Already a Life Member & Correct my address info. as above \_\_\_\_\_

Joining as New Life Member: Individual / Joint

Joining as new Annual member-in-training Resident / \_\_\_Fellow

Check #

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to 'OUMA' and mail it to:

Rajender Gattu, MD  
7130 Sanner Rd  
Clarksville, MD 21029

Note: All alumni of Osmania, Gandhi & Kakatiya (previously OU now NTRHSU) are eligible to apply for Membership.

**ONLY COMPLETED APPLICATION FORMS WILL BE PROCESSED**