



South Indian Medical Student's Association

Technical Details Card

Name :

Gender :

Date of Birth (dd/mm/yy) :

College :

State/City :

Year of study in medical school : Year
of Admission :

Year of Graduation :

E-mail :

Phone :

Home Address :

Current Position in SIMSA :

Applying for :

(name of position)



Email id: president@simsa.in

Empowering tomorrow's doctors