**LIFE MEMBERS OF ALUMNI, Dr. PDNI AMRAVATI – 444 603**

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| **Sl. No.** | **Name of the Life Member** | **Date of Membership** | **Membership****Fee** | **Membership****ID Number** | **Education of Alumni Member in the Parent institute (Dr. PDNI, Amravati)** | **Permanent Address** **& Phone Number**  |
| **Course** | **Academic Year** |
| **From** | **To** |
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