**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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