

REGISTRATION FORM

Please staple 2 photos. Write your name and year behind the photo

Name
(As in the College Register) _____

Presently (if changed): _____

Date of Birth: _____

Gender Male _____ Female _____

Address

Local:

Permanent

Tel Nos. Resi: STD Code _____ No. _____ Mobile: _____

Office: STD Code _____ No. _____ Mobile: _____

E-mail ID: _____

Course: (Tick) BSW _____ Year of Graduation: _____

MSW _____ Year of Graduation: _____

Current work area / sector: _____

Current Organisation: _____

Ongoing work area: _____

Area of interest: _____

Programs to be updated about: _____

Area of Contribution: _____

Date of Registration: _____

Type of Membership: Life (Rs. 500) _____ **Signature** _____

Mode of payment: By Cheque / NFET / Cash

Bank Details are as follows:

Name of the A/C: Alumni Association

Account No. : 50352010022178; **Branch:** New Marine Lines;

IFSC No: SYNB0005035