



Date:

Alumni Life Membership

Name of the Alumni:.....

Enrolment No:

Batch:.....

B.E. / B.Tech / M.Tech Passed out Student's Details –

a) Program / Department :- _____

b) Month and Year of passing :- _____

c) Marks Obtained :- _____

If Employed

i) Name of the Company / Industry :- _____

ii) Post and Designation - _____

iii) Date of Joining :- _____

iv) Salary per Annum :- _____

Date of Birth:.....

Present Designation & Full Address of the Organization:

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Contact Mailing Address (Residence):

.....
.....

E-mail Personal:E-mail Official.....

Mobile : Phone No:

Date:

Place:

Signature of the Alumni

Remark (if any) :

