

ALUMNI ASSOCIATION OF S.P.M.College Chikhali

ADDRESS:- S.P.M.College Chikhali,Tq.-Chikhali, Dist.- Buldhana

APPLICATION FORM FOR MEMBERSHIP

To,

**The Secretary,
Alumni Association of S.P.M.College Chikhali,
Dist.- Buldhana**

Dear Sir/Madam,

Paste Passport Size
Photo here.

I'm X-Student of our college, I would like to enroll as member of alumni association. For all studnets Junior/Senior/Post Graduate/Research.

My Personal Information as Below

1.Full Name(in BLOCK letters) _____
SURNAME MIDDLENAME LASTNAME

2.Date of Birth [D][D]/[M][M]/[YYYY] : -- / -- / ----

3.Educational Qualification _____

4.Year of passing from this college. (Please Indicate Jr./Sr./PG/Reaserch)

5.Present Status (Employed/Business/Self) (Please Indicate)

6.Address (Official/Correspondance) _____

7.Contact No. & eMail _____

8.Any Significant Achievements _____

9.Please give three names of your classmate and their present Address/Ph.No./eMail.

Date : __/__/_____.

Yours Faithfully

Signature

:: Fill and post it to above address ::