**Internal Quality Assurance Cell (IQAC)**
**Alumni Association Life Membership Form**

| Academic Year: |
| --- |
| Department: |

| | | |
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| **1.** | **Name** | _____<br>(Surname)　　(First Name)　　(Father's Name) |
| **2.** | **Name (after marriage)**<br>**(For female alumni)** | Mrs:_____<br>(Surname)　　(First Name)　　(Husband's Name) |
| **3.** | **Date of Birth (**DD/MM/YYYY) | |
| **4.** | **Year of Admission** | |
| **5.** | **Year of Passing B.E./M.E./Ph.D.** | |
| **6.** | **Branch** | |
| **7.** | **Mobile No.** | |
| **8.** | **Email ID** | |
| **9.** | **Present address**<br>* *Change of address if any, please communicate to us.* | State -<br>Country - |
| | **Details of Higher studies** | |
| **10.** | Qualifying exam Passed / Appeared (GATE/GRE/GMAT/CAT/OTHER) | |
| **11.** | Course Opted / Completed (ME/MTech/MS/MBA/OTHER) | |
| | Name of College/University | |
| | Year of Admission | |
| | Degree obtained | |
| | Year of completion | |
| | **Job / Professional Details** | |
| **12.** | **First Job Details :** | Got through campus:　　☐ Yes　　　　☐ No |
| | Company Name | |
| | Designation | |
| | Package offered (Lakhs/annum) | |
| **13.** | As an alumni in which of the areas you would like to contribute to institute (Tick whichever applicable) | • Donation of Book　Expert lecture<br>• Industrial visit　　Technical help<br>• Financial help |

**(Signature of Alumni)**

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**For Office Use:** Life Membership Fee: Rs.500/-

**Receipt No:** _____　　**Membership No.:** _____

**Authorized Signature with Stamp:**