

Dear Students,

We have enjoyed our association with you and our participation in your growth and development. Your achievements have been our reward. Having nurtured and reared you during your fruitful years with us, we have a continuing interest in your future. It would give us great pleasure to know about the new institutions you have joined and the carrier you have chosen to pursue. We request you to fill the registration at the earliest possible to enable us to conduct a survey.

Best of luck
Yours Sincerely
Principal

ALUMNI REGISTRATION FORM

Fields Marked with * are mandatory

Alumni Registration date*

1. ALUMNI NAME *

2. User Name (Email-ID)*

3. Password*

4. Admission No.*

5. Mobile No.*

6. Date of Birth*

7. Gender*

M/F

8. Year of Joining*

9. Year of Leaving School*

10. Class (At the time of leaving school)*

11. Phone No.

Area Code

Ph.No

If You Are Studying then Fill the Following Details

12. Current institution*

13. Current Course Being Pursued*

14. Current Studying in the Year/Semester*

15. Specialization/ Major*

16. Current Location*

If You are working (Fill in Following Details)

17. Current Organization*

18. Industry *

19. Current Designation*

20. Current Location*

21. Highest Qualification Held*

22. Specialization/ Major

23. Institute

24. Memorable Incident at School