

Please Fill this form and send to this Whatsapp Number 7309039447

STUDENT ALUMNI REGISTRATION FORM

SCHOOL DETAILS:

SCHOOL NAME: _____

SCHOOL PERMANENT ADDRESS: _____

ALUMNI STUDENT DETAILS:

STUDENT NAME: _____ STUDENT CONTACT NUMBER: _____

EMAIL ID: _____

DATE OF BIRTH: _____ GENDER: _____ AADHAAR NUMBER: _____

PASSOUT CLASS: _____ PASSOUT YEAR: _____

PERMANENT ADDRESS OF ALUMNI STUDENT:

ADDRESS: _____

STATE: _____ CITY: _____ DISTRICT: _____ PIN CODE: _____

POST OFFICE: _____ POLICE STATION: _____

ALUMNI PARENT DETAILS:

PARENT NAME: _____ RELATIONSHIP WITH PARENT: _____ PARENT CONTACT NUMBER: _____

ANY FAMILY MEMBER STUDIED IN THE SAME SCHOOL:

NAME: _____ CONTACT NUMBER: _____ ADDRESS: _____

ALUMNI JOB STATUS:

CURRENT ORGANISATION: _____ DESIGNATION: _____ JOB LOCATION: _____

WORKING SINCE: _____

ALUMNI ACHIEVEMENTS:

SPORTS: _____ MUSIC: _____ PROFESSIONAL ACHIEVEMENTS: _____

EDUCATION ACHIEVEMENTS: _____ OTHERS: _____

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