

**ALUMNI ASSOCIATION OF SHRI SHIVAJI ARTS, COMMERCE &
SCIENCE COLLGE, MOTALA DIST. BULDANA**

Address: Shri Shivaji Arts, Commerce & Science College, Motala Dist. Buldana – 443103.

APPLICATION FORM FOR MEMBERSHIP

To,
The Secretary,
Alumni Association of
Shri. Shivaji Arts, Commerce, & Science College,
Motala, Dist. Buldana- 443103.

Dear Sir/Madam,

I'mstudent of our college; I would like to enroll as member of alumni association. For all students Senior/Post Graduate/Research.

My Personal Information as Below

| | | |
|-----|---|--|
| 01. | Full Name (in BLOCK letters) (SURNAME MIDDLENAME LASTNAME) | |
| 02. | Date of Birth [DD]/[MM]/[YYYY] | |
| 03. | Educational Qualification | |
| 04. | Year of passing from this college. (Please Indicate Sr./PG/Research) | |
| 05. | Present Status (Employed /Business/Self) (Please Indicate) | |
| 06. | Address (Official/Correspondence) | |
| 07. | Contact No. & E-Mail | |
| 08. | Adhar Number | |
| 09. | Any Significant Achievements | |
| 10. | Please give three names of your classmate and their present Address/Ph. No./E-Mail. | |

Date:- __/__/_____

Yours Faithfully

Signature