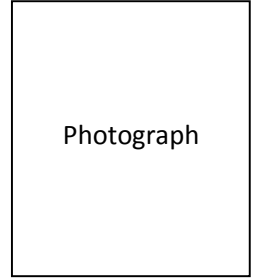


SHRI BHAGWANDAS TODI PG COLLEGE

LACHHMANGARH-SIKAR(RAJASTHAN)

ALUMNI ASSOCIATION MEMBERSHIP FORM

1. Name of the Alumni
2. Father's/ Husband's Name
3. Date of Birth
4. Course(B.A./B.Com./B.Sc./M.A./M.Sc.)
5. Year of joining the Course
6. Year of completing the Course
7. Present Educational Qualification:
8. Name of the Company/Institution
where you are working presently:
9. Designation :
10. Address Residence :
- Office :
11. Contact Number (with STD Code) Residence: Office
- Mobile: Email ID
11. Information of five classmates / friends of Todi College.



S.N.	Name	Present Address	Mobile No	E-mail I.D.
1				
2				
3				
4				
5				

Date :

(Signature of the Alumni)