

GHANSHYAM SINGH ARYA KANYA MAHAVIDYALAYA
DURG(CG)

Registration form for Alumni Association

Personal Information :-

NAME OF THE STUDENT:- _____

COURSE NAME:- _____

YEAR OF LEAVING COLLEGE:- _____

ADREESS (for correspondence):- _____

EMAIL ID:- _____

MOBILE NUMBER:- _____

PRESENT STATUS:- _____

PRESENT WORKING PLACE:- _____

AREA OF INTEREST:- _____

NOSTALGIA/MEMORABLE EVENTS:- _____

Signature