



The Alumni Association

S.M.A. Ajmer

REGISTRATION FORM FOR ALUMNI

Reg. No. _____

1. NAME

2. FATHER'S NAME

3. BATCH (year of passing)

4. RESIDENTIAL ADDRESS

5. CONTACT No.

6. E-MAIL ADDRESS

7. DETAILS OF ALUMNI

A. QUALIFICATION

B. PROFESSION (specify)

C. DESIGNATION

D. OFFICE ADDRESS (if any)

8. MARITAL STATUS

A. NAME OF SPOUSE

B. OCCUPATION OF SPOUSE

C. CHILDREN 1.NAME..... AGE

2.NAME..... AGE

9. REGISTRATION FEE (Rs. 3,000 for Life Time)

AMOUNT PAID (In figures) Rs.....

(In words)

10. WOULD YOU LIKE TO CONTRIBUTE IN THE FORM OF :

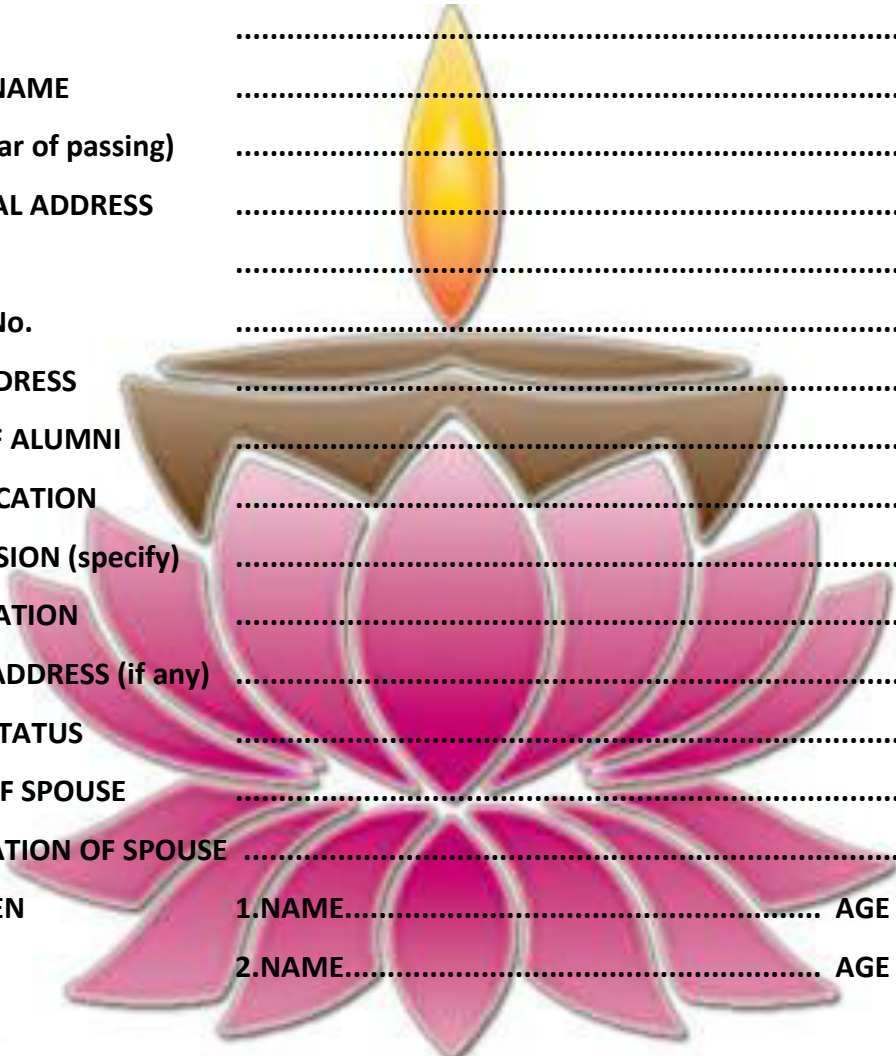
A. TALKS / SEMINARS / PRESENTATIONS

B. SCHOLARSHIPS / AWARDS

C. ANY OTHER

DATE

SIGNATURE



LET YOUR LIGHT SHINE