



SUMAN EDUCATION SOCIETY'S

LN COLLEGE

ALUMNI ASSOCIATION

MEMBERSHIP FORM

NAME (IN FULL): Mr./Mrs./Ms. _____

ADDRESS: _____

D.O.B: _____

GENDER: M/F

MOBILE NO. _____

EMAIL ID: _____

HIGHEST QUALIFICATION: _____

LAST QUALIFICATION IN COLLEGE: _____ & YEAR: _____

PRESENT OCCUPATION: _____

OFFICIAL ADDRESS: _____

HOBBIES: _____

IN WHAT WAY CAN YOU CONTRIBUTE TO THE GROWTH OF INSTITUTION?

1.

2.

3.

4.

DATE:

SIGNATURE

