



Kasegaon College Alumni Association
Registration No.
C/O Arts And Commerce College, Kasegaon
Tal.- Walawa, Dist.- Sangli
Maharashtra, India



Registration Form

Affix

Photo

To,

The President,

Kasegaon College Alumni Association, Kasegaon.

Respected Sir,

This is my request to enroll me as a member of Kasegaon College Alumni Association. My particulars are as under,

Name:

Father's name:

Date of birth:

Gender:

Degree:

Year of passing:

Marital status:

Mobile no:

E-mail ID:

Address for Correspondence:

.....

Details of Higher Studies (If applicable):

Course Name:

Specialization:

University:

Address: -----

Work Information:

Name of Workplace: -----

Job designation: -----

Nature of work: -----

Office phone no: ----- Official email: -----

Details of Entrepreneurship, if applicable:

Name of the Organization: -----

Address:-----

Products/ Services offered: -----

Suggestions for development of the College:-----

Date:

Signature of the Applicant

The Executive Committee is happy to accept Shri./Smt. -----

-----as a

Member of Kasegaon College Alumni Association, through

Resolution No. ----- Date: -----

Date:

Signature

President / Secretary