

Antyoday Mission

ANTYODAY MAHAVIDYALAYA, DEVGRAM

Ta. Narkhed Distt. Nagpur 441301

ALUMNI ASSOCIATION

APPLICATION FORM FOR MEMBERSHIP

To,
President/ Secretary
Antyoday Mahavidyalaya Alumni Association
Devgram, Tah. Narkhed Distt. Nagpur

Dear sir /Madam,

I am X-student of our college. I would like to enrol as member of alumni association,

My Personal Information as below

1. Full Name (in block letters) :-----
2. Date of Birth :-----
3. Blood Group :-----
4. Educational Qualification :-----
5. Year of Passing from this college:-----
6. Present status (please) Indicate:----- (Employed/Business/self)
7. Address (official/Correspondence):-----
8. Contact No. :-----
9. E-mail :-----
10. Any Significant Achievements :-----
11. Please give Address Details of your classmate:
12. Name :-----
13. Address :-----
14. Mobil No & E-mail :-----

Date: 23 /01 / 2025

Yours Faithfully

(Signature)

Note: (If further details of your classmate Please write down on backside of this page)