

# Rajendra Memorial Women's College

## Alumni Registration Form

(For Office Use Only Alumni No. : .....)

Passing Out Course: ..... Batch Passout Year: .....

### ALUMNI INFORMATION

Name- .....

DOB- ..... Marital Status .....

Blood Group- .....

Father's Name- .....

Mother's Name- .....

Contact No.- .....

Email ID.- .....

Present Address - .....

City..... District .....

State..... Pin .....

Please Past Recent  
Photograph

### CURRENT POSITION

Employed	<input type="checkbox"/>	UnEmployed	<input type="checkbox"/>	Business	<input type="checkbox"/>	Home Maker	<input type="checkbox"/>	Studying	<input type="checkbox"/>
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Organization Name: ..... Designation .....

Organization Address: .....

If any suggestions for further improvement: .....

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**Note-** Please Fillup Online Alumni Registration Logon College Website- .....

**Date-**.....

**Signature**