



**SCHOOL OF STUDIES ALUMINI ASSOCIATION
JIWAJI UNIVERSITY GWALIOR-474011**

REGISTRATION FORM

Affix your recent
good looking
Photograph

Name of the Alumini :

Subject :

Year of Passing :

Occupation :

Official Position Held :

Present Address :

.....

Permanent Address :

.....

Contact Phone Number s

Office :

Residence :

Mobile :

Fax :

Email :

Registration Fees:

- Fourth Semester /
Final year student Rs. 200/- Receipt no. Dated.....
- Annual Fee: Rs. 500/- Receipt no.....Dated.....
- Life Member: Rs. 5000/- Receipt no.....Dated.....
- Donor Member: Rs. 11000/- Receipt no. Dated.....

Place:
Date:

Signature