CSJM UNIVERSITY ALUMNI ASSOCIATION
CSJM University, Kanpur 208024

APPLICATION FORM FOR ALUMNI ASSOCIATION MEMBERSHIP

Personal Details

Passport Size Photo

Name of the Alumni: .....

Father's Name: .....

Mother's Name: .....

Date of Birth: .....

Nationality: ..... Category: ..... Area of Interest: .....

Address: .....

.....

State: ..... Pin Code: .....

Phone No.: ..... Mobile No.: .....

E-Mail Address: .....

Occupation: .....

Job Title: .....

COURSE DETAILS

Course Completed: ..... Year: .....

Discipline studied: .....

Name of the College/University: .....

MEMBERSHIP REQUIREMENTS

Membership Level		Type		Fees	
Level – 1	☐	Life time Member	☐	5,000.00	☐
Lever – 2	☐	Annual Member	☐	1,000.00	☐

Date
Place-

Signature

FOR OFFICE USE ONLY

Level of Membership ☐

Mode of Payment, Cash/ DD/ Cheque: ..... DD/ Cheque No. .....

Bank: ..... Branch: .....

Membership Valid form ..... to ..... .

Date :
Place:

Signature
Name: