

CSJM UNIVERSITY ALUMNI ASSOCIATION
CSJM University, Kanpur 208024

APPLICATION FORM FOR ALUMNI ASSOCIATION MEMBERSHIP

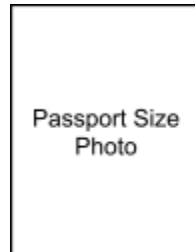
Personal Details

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

Level – 1

☐

Lever – 2

☐

Type

Life time Member

☐

Annual Member

☐

Fees

5,000.00

☐

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: