

CSJM UNIVERSITY ALUMNI ASSOCIATION

CSJM University, Kanpur 208024

Mob. 09721333398 **Email:** csjmuniversityalumniassociation@gmail.com **Website:** www.kanpuruniversity.org

To apply for a life/ Annual membership, please fill this form and send it back to office of Alumni Association

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:

Passport Size
Photo

COURSE DETAILS

Course Completed: Year:

Discipline studied:

Name of the College/University:

MEMBERSHIP REQUIREMENTS

Membership Level

Level - 1 ☐

Level - 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 from to

Date :

Place:

Signature

Name: