

KANYA MAHAVIDYALAYA, KHARKHODA (SONEPAT)

Alumni Association Membership Form

1. I _____ do hereby associate myself with Alumni Association, Kanya Mahavidyalaya College, Kharkhoda, Sonipat as a member and commit myself to be a part of the rich educational and cultural heritage of the institution.

2. Father's Name : _____

3. Date of Birth: _____

4. Residential Address: _____

(i). Residential Contact No. _____

(ii) Mobile No. _____

(iii) E-mail _____

(iv) Two photos are required (one to be pasted on form & attach another with form)

5. Marital Status (State Married / Unmarried): _____

If Married Write (Date of Marriage): _____

6. Year of Admission in College: _____

7. Programme in which studying: _____

8. Choose Membership Type : -

(A) Life Member

i. Registration Fees Rs.500/-

ii. Life Member Rs.5000/-

(Cheque payable in favour of ACB Alumni Association Regd. Blb of Rs. 5500/-)

✗

(B) Fellow Membership

i. Registration Rs.500/-

ii. Annual Membership Fees Rs.500/- Annually

(Cheque payable in favour of ACB Alumni Association Regd. Blb of Rs. 1000/-)

✗

(C) Associate member

i. Only Registration (Fees) Rs.500/-

(Cheque payable in favour of ACB Alumni Association Regd. Blb of Rs. 1000/-)

✗

9. Professional Status (State Working / Not Working) _____

I. Name of Organization & Designation _____

Place: -

Date: -

Signature

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