

**G.V.M COLLEGE OF EDUCATION, SONEPAT (HR)**

**Application Form for registration in Alumni Association**

Name :-

Father's Name :-

Date of Birth :-

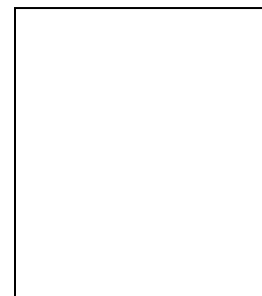
Year Passed :-

Address :-

Phone No. :-

Occupation Detail :-

Degree Awarded :-



**Signature**  
**(Alumni Member)**

**G.V.M COLLEGE OF EDUCATION, SONEPAT (HR)**

**ALUMNI ASSOCIATION**

**Application Form for Membership**

Name: .....

Qualifications: .....

Date of Birth: .....

Position held: .....

Subjects Taught: .....

Work Place Address: .....

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Phone: ..... Fax: .....

Residential Address: .....

.....

Phone: ..... Mobile: .....

Email: .....Special Talent: .....

Specialization: .....

Signature  
(Authority Member)

Signature  
(Alumni Member)