



S.G.S.I.T.S.

ALUMNI ASSOCIATION

Shri G.S.I.T.S. Campus, 23, Park Road, INDORE - 452 003
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 E-mail : info@sgsitsalumni.com www.sgsitsalumni.com

MEMBERSHIP FORM

To,

The Hon. Secretary,
 SGSITS ALUMNI ASSOCIATION,
 Shri GSITS, Indore - 452 003

Dear Sir,

I have read constitution of S.G.S.I.T.S. Alumni Association, Indore and I am desirous of becoming its member. As per my particulars given below. I am eligible for membership. The Life subscription fee of Rs. 500.00 (Rs. 250.00 for Student Membership) is enclosed herewith through Cash/ Cheque/ D.D. No.
 Dated In favour of " SGSITS Alumni Association, Indore", Payable at Indore. Please enroll me as a life member.

MY PARTICULARS :

1. Name : _____ Date of Birth _____
2. Father's Name : _____
3. Permanent Address : _____
 _____ PIN _____
4. (a) Year of Admission : _____ (b) Year of Passing with degree & Branch _____
 to the Institute
5. Family Details : (a) Spouse : Name _____
 Qualification _____ Profession _____
 (b) Kids (Name/age) 1. _____ 2. _____
6. Phone Nos. : Office _____ Residence _____ Mobile _____
7. Special Achievement : _____

Note : Pl. attach a passport size photograph with this form. (Optional)

Yours faithfully

(Signature)

For Office use Only

Action taken _____ Date _____

Received Rs. _____ by Cash/Cheque/D.D. No. _____ Dated _____

Office Receipt No. _____ Dated _____

Hon. Secretary

Secretary Finance