



S.G.S.I.T.S. ALUMNI ASSOCIATION

Shri G.S.I.T.S. Campus, 23, Park Road, INDORE - 452 003 (M.P.)

Phone : 0731 - 2530064 (6 pm to 7 pm)

E-mail: secretary@sgsitalsumni.com

Website: www.sgsitalsumni.com

MEMBERSHIP FORM

To,
The Hony. Secretary,
SGSITS Alumni Association
Indore - 452003 (M.P.)

Please affix
your recent
passport size
Photograph

Dear Sir,

I hereby request you to enroll me as a Life Member of SGSITS Alumni Association. As per the constitution of the Association, I am eligible for the Regular/ Student membership. The life subscription Fee of Rs. 1000/- (Rs. 500/- for Student membership) is being deposited herewith through Cash/Cheque/DD No. _____ dated _____ in favour of "SGSITS Alumni Association, Indore", payable at Indore.

MY PARTICULARS: (Please fill up in CAPITAL Letters)

1. Full Name: _____
2. Father's Name: _____
3. (a) Year of Admission to the Institute: _____ (b) Year of Passing: _____
(c) Degree: _____ (d) Branch: _____
4. Date of Birth: _____
5. Present Occupation: _____
6. Present Address: _____

City: _____ Pin: _____
7. Permanent Address: _____

City: _____ Pin: _____
8. Phone Nos.: (M) _____ (R) _____ (O) _____
9. E-mail Address: _____

Date: _____

Signature _____

For Office Use

Receipt No. : _____

Dated: _____

Enrolled Mr./Ms. _____ as Regular/Student Member.

Membership subscription amount Rs. _____ received through Cash/Cheque/DD No. _____
dated _____.

Hony. Secretary

Secretary Finance