

THE SMT. SALUNKABAI RAUT ARTS & COMMERCE COLLEGE,
WANOJAALUMNI ASSOCIATION

MEMBERSHIP FORM

PHOTOGRAPH

1. NAME: Mr./ Ms. _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)
2. DATE OF BIRTH: _____ (DD/MM/YY)
3. PERMANENT ADDRESS: _____

4. (INDIA/ ABROAD): _____
5. TEL. NO.: _____ MOB: _____
6. E-MAIL: _____ FAX: _____
7. EDUCATIONAL QUALIFICATIONS: _____
8. STUDIED AT MITHIBAI COLLEGE:
 - a. FROM YEAR _____ TO YEAR _____
 - b. DEGREE OBTAINED & SUBJECT: _____
9. NATURE OF BUSINESS/ PROFESSION/ OCCUPATION:

10. OFFICE ADDRESS AND TELEPHONE NUMBER:

11. HOBBIES: _____
12. WHETHER ACTIVELY PARTICIPATED IN ANY EXTRA-CURRICULAR ACTIVITIES OR AT INTERCOLLEGIATE LEVEL IN ANY OF THE FOLLOWING:

A) SPORTS	B) ELOCUTION/ DEBATE
C) MUSIC	D) DANCE
E) FASHION SHOW	F) DRAMA
G) STUDENTS' COUNCIL	H) NSS
I) YAMI	J) ANY OTHER,

PLEASE SPECIFY _____
13. IN WHICH AREA WOULD YOU LIKE TO MAKE YOUR CONTRIBUTION AS A MEMBER OF THE ALUMNI ASSOCIATION?

DATE: _____ SIGNATURE: _____