



MEMBERSHIP FORM
ALUMNI ASSOCIATION
CHAIYTU GAYTA(ALOR)GOVT. COLLEGE
PHARASGOAN
DIST – KONDAGAON(C.G.)

Ph. No.-07784-299052

Email-govtnaveencollegepharasgaon@gmail.com

Approving of its objectives, I here by apply for the membership, As indicated here in of the alumni association and declare that on admission, I shall abide by the rules and regulation of the society.

Full Name of Applicant

Father's Name

Correspondence Address

Permanent Address

Subject

Passing Year

Passing Class

Phone Number

Email Id

Occupation and Designation

Qualification

Experience Pincode.....

Date of Birth Blood Group.....

Signature of Alumni