



Shri Shivaji Education Society, Amravati's

SHRI SHIVAJI ARTS, COMMERCE & SCIENCE COLLEGE, AKOT DIST.AKOLA

ALUMNI ASSOCIATION

MEMBERSHIP FORM

Passport

I am an ex-student of this college, admitted in the class _____ in the
academic session _____

I am interested to be a member of Alumni Association. Here I declare that all the terms
and conditions of the association will be abided by me.

Kindly consider my membership.

Bio-Data

Name

:

Education Qualification

:

Correspondent Address

:

Contact No.

:

Email Id

:

Current position/Designation

:

Date -

Place

Signature