

ALUMNUS MEMBERSHIP DETAILS FORM

Please fill in capitals only

First Name	Middle Name		
Surname / Last Name			
Yr of Grad.	Dept.	Roll. No.	Level
			B. Tech. <input type="checkbox"/>
Date of Birth (DDMMYYYY)	Mobile Number, if any		M. Tech. <input type="checkbox"/>
			Ph. D. <input type="checkbox"/>

Please tick (✓) appropriate box

Working at	
Designation	
Office Address	City
	PIN
State	
Tel. No. 1	Tel. No. 2
Tel. No. 3	Fax No.

Residential Address	
City	
PIN	
State	
Tel. No. 1	Tel. No. 2
Tel. No. 3	Fax No.
E-Mail Address 1	
E-Mail Address 2	

For Office Use Only	Departmental Codes
Date of Receipt: <input style="width: 100px;" type="text"/>	Ceramics
Membership Type: <input type="checkbox"/> (L / N / H)	Chemical
Membership Number: <input style="width: 100px;" type="text"/> - <input style="width: 100px;" type="text"/>	Comp. Sc. & Engg.
Received Rs. _____ (Rupees _____)	Civil
_____ only) vide receipt number _____	Electrical
dated _____.	Electronics
	Mechanical
	Mining
	Metallurgy
	Pharmacy

C	E	R
C	H	E
C	S	E
C	I	V
E	L	E
E	C	E
M	E	C
M	I	N
M	E	T
P	H	A

Collected by _____ (Name)	Joining Fees:	Rs. 250/-
	Annual Fees:	Rs. 500/-
	Lifetime Fees:	Rs 3000/-
	Senior Member (>60) Lifetime Fee	Rs 100/-