

Alumni Registration Form

1. Name : _____
2. Father's Name : _____
3. Examination Passed & Year : _____
(Copy of degree/mark sheet should be attached)
4. Address : _____

- E-mail : _____
- Contact phone number : _____, _____
5. Citizenship: Indian Other
 6. Last Examination Passed :
 7. Year of Passing :
 8. Department:
 9. Date of Birth :
 10. RESIDENCE Address :
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- Phone
- Land Line :
- Personal Mail :
- Mobile No. :
11. OCCUPATION
- Organization :
- Designation :
- Address :
-

- Phone :
- Official Mail :
12. If renewing, registration number & _____
Validity of current membership

13. Declaration: I declare that I have not been
- i) Expelled from the College.
 - ii) Debarred from seeking admission in a College
 - iii) Found guilty of any offence involving moral turpitude or gross misbehavior including resorting to unfair means in examinations.
- Date Signature of the Applicant

Please send this completed form to:
The Principal
Sre Ramana College of Education,
Upparapatti, Uthangarai
Krishnagiri - 635 207.
Ph: 9047317775.
Email: sseramanaedn@hotmail.com
sseramanaedn@gmail.com
sseramanaedn@yahoo.com
Website: www.sseramana.com