



GIET (AUTONOMOUS), GUNUPUR

Alumni Registration Form

Date of Visit: ___ / ___ / _____

Name _____

Univ. Regd. No. _____ Roll No. _____

Batch _____ Branch _____

Year of Passing _____ Mob No. _____

E-mail ID : _____

Date of Birth _____

Higher Studies Details: _____

Hobby _____

Name of Organization : _____

Designation : _____

Organisational Address: _____

HR Contact Details _____

Marital Status : Yes / No - (If Yes)

Marriage Date: _____

Spouse Name _____

Details of Spouse _____

Permanent Address: _____

Correspondence Address: _____

Your Feeling about *Alma Mater* (Institute): _____

Would you like to join the Alumni Meet next year: _____

Your Suggestion regarding Alumni Association _____

Signature _____

Date _____