



NAVRACHANA EX-STUDENTS ASSOCIATION

MEMBERSHIP FORM



NAME: _____

PERMANENT ADDRESS: _____

PRESENT ADDRESS: _____

TELEPHONE (O) _____ (R) _____

MOBILE: _____ EMAIL ID: _____

CLASS & YEAR OF PASSING THE SCHOOL: _____

QUALIFICATIONS: _____

CURRENT ACADEMIC PURSUITS / OCCUPATION (Please mention the name of the institution) / PLACE OF WORK _____

HOBBIES & INTERESTS: _____

SUGGESTIONS REGARDING ACTIVITIES NEXS – A SHOULD UNDERTAKE:

ALSO INDICATE MOST SUITABLE TIME OF THE YEAR

DATE OF BIRTH: _____

DATE OF MARRIAGE ANNIVERSARY: _____

My Friend's / Classmate's contact details are as follows:

Name: _____

Year of Passing: _____ Email: _____

Telephone No. (Mobile): _____

(Landline) : _____

Address: _____

Name: _____

Year of Passing: _____ Email: _____

Telephone No. (Mobile): _____

(Landline) : _____

Address: _____

Name: _____

Year of Passing: _____ Email: _____

Telephone No. (Mobile): _____

(Landline) : _____

Address: _____
