



ALUMNI ASSOCIATION

FURKATING COLLEGE, GOLAGHAT

--: REGISTRATION CUM MEMBERSHIP FORM:--

Affix one
color
passport
Size photograph

S.No.....

Name (In block letters):

Designation:

Address for Correspondence:

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Mobile:

Fax:

Email. :

Permanent Address:

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Period of study at Furkating College:

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Stream:

Degree obtained:

Present Position:

(You may please enclose a brief resume of your activities since you left Furkating College)

Last Post/Position held:

(In case you have attained superannuation)

Place:

(Signature)

Date: