

ALUMNI MEMBER REGISTRATION FORM

Name:	
Mobile:	
E-mail id:	
Education details at S.V.G.M, Govt. Degree College, KALYANDURG.	
Period/Duration of Study(Ex: 2013-16)	
Name of the U.G Program: (Ex: B.A - H.E.P)	
Achievements if any: (Class topper/Sports/Cultural Activities/N.S.S etc)	
Post Graduation Details:	
Name of the P.G. Program:	
Name and Address of the Institution:	
Achievements if any(NET/SLET etc)	
Further Education like M.Phil/Ph.D/P.D.F:	
Area of Specialization	
Institution details	
Achievements if any	
Present Employment details:	
Name and Address of the Organization/ Employer	
Designation	
Achievements if any	
Your feedback on S.V.G.M, Govt. Degree College (Briefly):	
Write briefly in what matters you are interested to support S.V.G.M, Govt. Degree College for its overall development:	