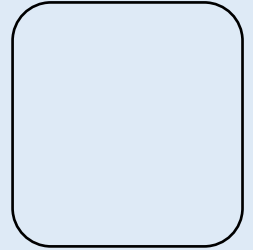


PTMLSD COLLEGE FOR WOMEN, GSP

Sister Institute of GGSDS College Sec - 32, Chandigarh Re-accredited with 'A' Grade by NAAC, Bangalore



ALUMNI ASSOCIATION MEMBERSHIP FORM



NAME (in block letters) : _____

FATHER'S/HUSBAND NAME : _____

DATE OF BIRTH : _____

BLOOD GROUP : _____

MARITAL STATUS : _____

HOME ADDRESS : _____

CONTACT NO. : _____

EMAIL-ID : _____

STREAM (B.A/B.SC/BCA/B.COM/MA./M.SC) : _____

SESSION : _____

HIGHER QUALIFICATION : _____

IN SERVICE OR NOT (give detail) : _____

Date : _____

Place : _____

.....
(Signature of the Applicant)