

GOVERNMENT POLYTECHNIC COLLEGE UDHAMPUR

Gole Market, Udhampur-182101

ALUMNI REGISTRATION FORM

(To be filled in by the candidate in his own handwriting)

1) Name (In Capital Letters) (Strictly as per matriculation certificate)

_____.

2) Parentage (Strictly as per matriculation certificate):-

_____.

3) Permanent Address: _____

_____.

4) Branch: _____

5) Year of Passing: _____.

6) Contact/ Mobile No. (with STD Code): _____.

7) E-mail address: _____.

8) Date of Birth: ____/____/____. 09) Sex (Male/Female): _____.

10) Details of organization in which presently working:

Name of Organisation & Address	Working as	From	To	Salary
1.				
2.				
3.				

I hereby declare that all the facts given above are correct and true to the best of my knowledge and belief and nothing have been concealed.

Dated: ____/____/____

Signature of Alumni