

ANNEXURE - I**Alumni of Sri Sai University, Palampur**

Phone: (+91) 09736501201

MEMBERSHIP FORM

Please enroll me as a Member of the association.

(Please attach two passport size photographs)

Name: _____

Father's Name: _____

Date of Birth: _____

Occupation with address: _____

_____ Phone: _____

Residential address: _____

Phone: _____ E-mail, if any: _____

Association with Sri Sai University (Please attach a copy of the degree obtained from Sri Sai University):

i) Degree(s) obtained: _____ Year: _____

_____ Year: _____

ii) Member of the teaching faculty:

Institution with address: _____

Email: _____

Date: _____ Signature: _____

MEMBERSHIP FEE: (For 5 consecutive years)

Cash/Draft No.: _____ Dated: _____

Amount: _____ Drawn on: _____

in favour of Sri Sai University, Palampur.

For office use

Form received through: _____

Receipt No. _____ Book No. _____ Dated _____

Entered in Roster of Alumni at number: _____