UNIVERSAL GROUP OF INSTITUTIONS, LALRU

ALUMNI FORM

Name: _____

Father's Name: _____

Mother's Name: _____

Course/Degree: _____

Branch: _____

Univ/ Board Roll No:_____

PHOTOGRAPH

Address (Correspondence): _____

_____

Address (Permanent): _____

_____

Mobile No: _____

E-mail ID: _____

_____

(Signature of Candidate)

(Candidate's copy)

Candidate's Name:

Degree:

Branch: Univ./ Board Roll no. _____

Registration No. (To be filled by office):

Seat No.(To be filled by office):

_____

(Signature of faculty)