

Chhatrapati Shivaji college Alumni Association, Satara

Registration No.:MAHA/16450/SATARA
Date of Establishment: 4th October 2018

Membership No.

C/O: Chhatrapati Shivaji College Satara Administrative Building, Romm No:- O 8, Pin:415001

Email:majividyarthi.shivajicollege@gmail.com

Membership Form

To,

The Chairman/Secretary

Chhatrapati Shivaji College Alumni Associaation,Satara

Sir/Madam,

This is to request you to enroll me as life member/ Member of Chhatrapati Shivaji College Alumni Association.My Peticular as under:

Full Name: _____
(Begning with Surname) Capital Lettters

Full Address (R): _____

City _____ State _____ Country _____ PinCode _____
Phone _____ Fax _____ MobileNo: _____

Email Address: _____

Studentship Details

Branch :Arts/Other _____ Degree/Class _____ Years _____

Personal Details

Date of Birth: _____ Blood Group: _____ Adhar No: _____

Professional Details

Service
Details: _____ Designation: _____

Name and Address of Professional Organization _____

Hobbiies: _____ Others: _____

Family Details

Name of Husband/Wife: _____ Occupation _____

Date of Marriage: _____ Other Family Details: _____ Mob.No _____

I recommended below the names of two Member of CSC, Allmuni Association:

1.Name: _____

Address: _____

2.Name: _____

Address: _____

My Experiences in Chhatrapati Shivaji College Satara

Life/Ordinary Membership Amount Paid Rs: _____ Cash/Cheque No. _____

Bank _____ Receipt No: _____

- I shall abide by rules and regulations of the Association.
- I shall attend maximum number of programmes arranged.
- I shall help the Association through donations in cash or kind as required.

Date:

Signature of the Applicant

The Executive Committee is happy to accept

Mr/Ms. _____

as Life/Ordinary Member of Chhatrapati Shivaji College Alumni Association, Satara,

Resolution No: _____ Date _____ Place _____

Signature

Secretary

Chhatrapati Shivaji College Alumni Association, Satara.