REGISTRATION FORM FOR ALUMNI ASSOCIATION

A. Personal Details :

Name of Alumni

……

First Name Middle Name Last Name

Gender ……. **Marital Status ……**

E Mail Address ……..

Date Of Birth …… DD/ MM/YY ……Mobile Number ……..

Course/ Discipline …….. Year of Passing …….

Details of Further Education: ……..

B. Permanent /Residential Address :

……

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District …….. State …….

Nationality …….. Pin Code ……...

C. Employment Details :

Employment Type – Select Type (Self Employed / Service / Unemployed)

Designation ……..

Name Of Organization ……..

Organization Address ……..

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Office E Mail Address ……. Office Phone No. .....

Area of Expertise ……

D. Other

1. What is your Outstanding Professional Achievement?

……

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2. Outstanding Activities during Your College Period @ CSIBER, Kolhapur

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3. Other Achievement / Remark (You Want to Specify)

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E. I want to contribute in Following Activities to CSIBER

*Select	☐ ☐ ☐ ☐ ☐ ☐ Student Mentoring Industry Visits ☐ Expert Lectures ☐ Workshops for students and/ or faculty ☐ In plant training for students Curriculum Development MOU ☐ Laboratory Development Continuing Education Programs Donations (in terms of books, money, etc.)

Date - ……..

Place …….