



DOGRA COLLEGE OF EDUCATION

BASSI KALAN, BARI BRAHMANA, JAMMU

ALUMNI REGISTRATION FORM

SPACE FOR
PHOTOGRAPH

NAME: _____

PARENTAGE: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

YEAR OF PASSING: _____

QUALIFICATION ATTAINED THEREAFTER: _____

PRESENT STATUS: _____

NAME OF THE ORGANISATION/DEPARTMENT (IF WORKING): _____

E MAIL ID: _____

PERMANENT ADDRESS: _____

CORRESPONDENCE ADDRESS: _____

TELEPHONE NO.: _____

MOBILE NO.: _____

DATE: _____

SIGNATURE