REGISTRATION FORM FOR ALUMNI ASSOCIATION MEMBERSHIP

|  |  |
| --- | --- |
|  Name: |  |
| Course of Study |  |
| Year of completion of study |  |
| Present Address |  |
| Permanent Address |  |
| Contact Number |  |
|  Membership Fee details Fee Details \* |  |

(\*Enclose the DD of Rupees 500/ drawn in favor of Finance officer, Vijayanagara Sri Krishnadevaraya University, Bellary)

Place:
Date: Signature of Alumni