



CHIKKANNA GOVERNMENT ARTS COLLEGE
TIRUPUR – 641 602.
ALUMNI ASSOCIATION REGISTRATION FORM

1. IDENTIFICATION DETAILS

NAME :
GENDER :
REGISTER NO :
COURSE COMPLETED :
DEPARTMENT :
YEAR OF COMPLETION :

2. CONTACT DETAILS

PERMANENT ADDRESS :

COMMUNICATION ADDRESS :

MOBILE NO :
ALTERNATIVE MOBILE NO :
EMAIL –ID :

3. PRESENT POSITION DETAILS (TICK)

i) EMPLOYEE :
ii) STUDIES :
iii) BUSINESS :

SPECIFY IN DETAIL :

PLACE :

SIGNATURE

DATE :