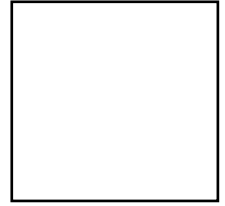


Sree Narayana Guru College of Education

Alumni Association

Membership, Form



Name of the Student : _____

Year of passing- _____

Address : _____

Contact no. Mobile _____ Land line no - _____

E mail- _____

Name of the institution (Presently Working)

Portfolio - _____

Address of the institution

Phone no of the institution - _____

Interest and hobbies -

Signature of the student