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WCA No. _____



Photograph

Govt. College for Women M.A. Road Srinagar

Alumni Association Membership Form

Your details	Please complete the appropriate sections		
PERSONAL DETAILS			
Title (e.g. Mr/ Ms/ Dr/ Engr)	Family Name:		
First Name:			
Family Name (if different when at College)	Male:	Female:	
Nationality:	Date of Birth:		
Address:	Department/Centre/Institute/College:		
Post code:	Ph: Res.	Off:	
Mobile No.	Year started:	Year ended:	
Email Address:			
CAREER DETAILS	Are you?	Male	Female
Current Employer / Organization	If you were a member of teaching Staff		
Job title Deptt.	Job title		
Address Postcode	Department / Course		
Worked Work Fax	Year Started	Year finished	
Stay Connected			
If you would like to receive information form college, please tick the relevant box (and make sure you provide your email address in the section above).			
Email:		Annual Day	Events
Please attach two identical, passport-sized photographs of yourself with your name clearly written on the back. The Alumni Membership Card will act as your ID when you visit in future. Please tick the box if you WOULD like to receive card			
<input type="checkbox"/>			
Please Return Completed Application From			
By post: The Principal, G C W M.A Road Srinagar-190001.			
By Email : iqacwc@gmail.com			
Signature: dated			

I hereby apply for the Membership of the College Alumni Association for which I am eligible. My particulars are given above. In case of any change, I shall intimate the same. I have read the constitution of the Association and agree to abide by it.