



SACRED HEART ALUMNI ASSOCIATION

REGISTRATION FORM

To be filled in by the Alumni of Sacred Heart College for enrolment as Life / Annual Member of the Association

Name:

Father's name:

Date of birth:

Gender:

Degree:

Department:

Stay at SHC:

Marital status:

If Yes, Date of Anniversary

Telephone no:

Mobile no:

E-mail ID:

Current address:

(DD/MM/YYYY)

MALE / FEMALE

From

To

Yes / No

Permanent address:

Affix
Passport photo

Work Information:

Employer/ Enterprise:

Job designation:

Office phone no:

Field of Expertise:

Official email:

Type of Membership Applied: Life Annual

Details of fees paid

Pay Order/ Bank Draft / DD No.

Dated

Bank

Branch

Amount: (Rs.)

Account Details:

THE ALUMNI ASSOCIATION
A/C No. 0745-2629811-190001
CATHOLIC SYRIYAN BANK LTD., GANDHIPET BRANCH, TIRUPATTUR
IFSC CODE: CSBK0000745

Applicant Signature

ALUMNI SECRETARYPRINCIPAL

For Office Use:
Alumni Association Registration No.:
Date of Approval:

Department of the Alumnus: