



ST. PAUL'S COLLEGE, RANCHI

ALUMNI REGISTRATION FORM

*Paste Passport
Size Photograph
here*

Name of the Alumni : _____

Father's Name : _____

Date of Birth : Gender: _____

Marital Status : Married ☐ Unmarried ☐

Year of Passing : (Before 2017)

Program of Study : _____

Mobile No1 :

Mobile No2 :

Email ID : _____

Occupation : _____

Designation : _____

Address (Office) : _____

Contact Mailing Address (Residence):

I agree to be a part of SPASA voluntarily and without any external force and I shall not interfere in the internal matters or participate in any kind of activities against the College.

Place : _____

Date : _____

Signature of the Alumni