

VIDUSH SOMANY INSTITUTE OF TECHNOLOGY AND RESEARCH, KADI

Alumni Registration Form

Enrolment No: _____ Name: _____

Mobile / WhatsApp No: _____

Personal Email: _____

LinkedIn URL: _____

Other Social Media URL: _____

Current Address:

Permanent Address (If different than the current address):

Current Status:

- ☐ Started Higher Study (Course Name, Institute Name)
- ☐ Preparing for Higher Study (Course Name, Institute Name, Country)
- ☐ Started a Job (Position, Organization Name)
- ☐ Working as an entrepreneur / startup (Position, Organization Name)
- ☐ Started working in a family business (Position, Organization Name)
- ☐ Other (Required Details)

Details of Current Status:

Emergency Contact Numbers:

Father: _____ Mother: _____
Brother: _____ Sister: _____

Would you like to receive notification regarding job openings? ☐ Yes ☐ No ☐ May be

Would you like to play an active role in the institute's alumni association? ☐ Yes ☐ No ☐ May be

Any other details you would like to provide:

Signature:

Date:

(Please use the other side of this paper to provide more details)