

# PERSATUAN ALUMNI INDIA UMP (UIAA)

11-09, Puncak 7 Condominium, Jalan Ferum 7/31A, Seksyen 7, 40000 Shah Alam, Selangor

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## REGISTRATION FORM

**FOR INTERNAL USE ONLY:** MEMBERSHIP NUMBER: \_\_\_\_\_ DATE OF APPROVAL: \_\_\_\_\_

### MEMBER'S INFORMATION

Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Ir <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/> Datuk Others:.....	Full Name:  Date of Birth: _____ Place of Birth: _____  IC Number: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: _____
Marital Status : _____	Religion: _____

### CONTACT INFORMATION

Mailing Address:  Postcode: _____
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### TELEPHONE

Home: _____	Mobile ( <b>Compulsory</b> ): _____	Office: _____
Email ( <b>Compulsory</b> ): _____	Website ( <i>if any</i> ): _____	

### EDUCATION BACKGROUND

Programme: <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD		
University Name: _____	Joined Year/Batch: _____	Graduated Year/Batch: _____
Faculty: _____	Course: _____	
Programme: <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD		
University Name: _____	Joined Year/Batch: _____	Graduated Year/Batch: _____
Faculty: _____	Course: _____	
Programme: <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD		
University Name: _____	Joined Year/Batch: _____	Graduated Year/Batch: _____
Faculty: _____	Course: _____	

### JOB INFORMATION

Work: <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Pensioner <input type="checkbox"/> Business <input type="checkbox"/> Not working	
Name of Company/Institution/Society: _____	
Company Address: _____	
Postcode: _____	
Current Occupation: _____	
Field of activities: _____	Professional Affiliations ( <i>if any</i> ): _____

### ACKNOWLEDGEMENT

I hereby acknowledge to accept UMP Indian Alumni Association's Constitution and will obey to its Leadership as well as to perform its orders and decisions from time to time

### MEMBERSHIP

Lifetime Registration Fee : RM 50

Total	:	
Cheque No.	:	
Receipt No.	:	

### SIGNATURE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_