



## ALUMNI ASSOCIATION OF SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH

### APPLICATION FOR THE AWARD OF BEST ALUMNUS/ALUMNAE

YEAR -

Faculty of ☐ Medicine ☐ Nursing  
☐ A.H.S ☐ Pharmacy  
☐ Physiotherapy ☐ Management  
☐ Biomedical Sciences ☐ Public Health  
☐ Dental

Affix Passport  
size Photograph

Applied by ☐ Self ☐ Others... Specify

Name :

Present Designation :

Address for Communication :

E-mail id & Mobile No :

Specialization :

Qualification :

Studied at Sri Ramachandra Institute of Higher Education and Research	Degree	Year of Joining	Year of Graduation
Undergraduate Regn.No			
Postgraduate Regn.No			
Others			

Copy of the certificate enclosed ☐ UG ☐ PG

Achievements Contribution to Sri Ramachandra Institute of Higher Education and Research

(Please enclose details in separate sheet)

Signature

### FOR OFFICE USE

Verified and approved ☐ HOD ☐ DEAN/PRINCIPAL/COURSE CHAIRPERSON

Awarded as Alumnus/Alumna of the year ☐ YES ☐ NO

Signature of the Vice-Chancellor .....