

**GOVT. COLLEGE FOR WOMEN, GANDHI NAGAR, JAMMU**

**REGISTRATION FORM FOR ALUMNI ASSOCIATION**

1. Name : \_\_\_\_\_
2. Fathers Name : \_\_\_\_\_
3. Mothers Name : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_ 5. Blood Group: \_\_\_\_\_
6. Year of Joining College : \_\_\_\_\_
7. Qualification : \_\_\_\_\_
8. Present Position : \_\_\_\_\_
9. Husband's Name and Profession : \_\_\_\_\_
10. Address for correspondence  
\_\_\_\_\_  
\_\_\_\_\_
11. Telephone : \_\_\_\_\_
12. E-mail : \_\_\_\_\_
13. Awards and Distinction Achieved : \_\_\_\_\_
14. Special Area of Interest : \_\_\_\_\_

This is to certify that the information provided is true.

**Date:**

**Signature**