



L.R. GROUP OF INSTITUTES

Alumni Membership Form

Vill. Jabli-Kyar, PO Oachghat, Solan 173223

Membership Form

For Office Use:	Membership No:	Year: 20....
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Name:

Mother's Name:

Father's Name:

Date of Birth(dd-mm-yyyy)

Department of Institution

Year of Passing

Presently working in
(Organization Name)

Designation

Permanent Address
.....
.....
.....
.....

Present Address:
.....
.....
.....
.....

Phone no:

Email id:

Date: Signature

*After filling the form completely, submit it to: Incharge, Alumni Cell, LR Group of Institutes, Jabli-Kyar
PO Oachghat, Distt Solan 173223 (HP)*