Form	No

HP College of Education Totu Shimla-11

E-mail: Krishnaeducationalsociety@yahoo.co.in

Website: www.hpceducation.org

ALLIMNI REGISTRATION FORM

ALUMNI REGISTRATION FORM	
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	ME (IN BLOCK LETTERS)
	THER'S NAME
MO	THER'S NAME
Dat	e of Birth
Per	manent Address
 PIN	NPhone No
E-n	nail:
	ır Period of stay in College: Fromto
	eam (Medical/Non-Medical/Arts/Commerce)
a)	Name of Course pursuing currently
b)	Name of College /University
c)	Academic Session of Course pursuing currently
	me of Competitive Exam(s) cleared
	urrent Place of Employment(Address)
\mathbf{D}	Designation
	Date Since when employed
	uggestions for improving College (If any)
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D	Oate :
	Signature of the Alumni
P	lace :