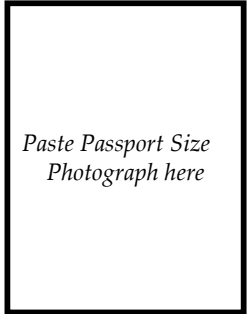




MANOHARRAO KAMDI MAHAVIDYALAYA,  
NAGPUR  
ALUMNI REGISTRATION FORM



Name of the Alumni:.....

Enrollment No: ..... Batch:.....

Date of Birth:.....

Present Designation & Full Address of the Organization:

.....  
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.....  
.....

Contact Mailing Address (Residence):

.....  
.....  
.....  
.....

E-mail Personal : ..... E-mail Official.....

Mobile:..... Phone No: .....

Remark about the college: (If any) .....

.....

*Date and Place*

*Signature of the Alumni*