

Member ID: \_\_\_\_\_

## MEMBERSHIP FORM SUS Alumni Group

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Branch: \_\_\_\_\_ Batch: \_\_\_\_\_

College Roll Number: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

Occupation with Address: \_\_\_\_\_

\_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Phone (O): \_\_\_\_\_ (R): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of the member: \_\_\_\_\_