## Shankarlal Agrawal Science College Salekasa, District:- Gondia

## ALUMNI INFORMATION FORM

Enro	ollment No: _							Affix your passport size photo here				
1. Pl	ERSONAL I	NFORMATI	ION									
Ti	tle			Ir/Mrs/Ms/	Dr)							
Fi	rst Name		(1)	11, 1411 5, 1415,		Blood Group						
Middle Name					Gender	ender (M/F)						
La	ast Name			Date of H								
Eı	mail				Mobile	le						
Personal web page http://									-			
Co	ompany web	page http://	te http://									
		CINFORMA	TION	_	_							
Qua	Batch (paasing year)	Course (UG/PG/Ph.D) Degree (B.sc/B.A)		Branch		Specialization(PG only)		Faculty(Ph.D on	ly)			
1.												
2.												
3.												
3. (	CONTACT	INFORMAT	TON									
	idence Addr		1011									
Ad	dress											
Co	untry			Sta	te							
Cit	у		Pin	Code	ode							
Ph	one(R)	(Country code)			(City code)			(Number	•)			

4. PROFESSIONAL INFORMATION											
Occupation			Organization								
Designation											
Office Address											
Address											
Country				State							
City				Pin Code							
Phone(O)	(Country code)			(City code)		(Number)					
5. APPEREANCE/QUALIFYING IN COMPETITIVE EXAMS [please provide details]											
Have you Passed in CAT if yes then provide details if no leave blank											
Score											
2. Have you Passed in <b>SET/NET/GATE</b> if yes then provide details if no leave blank											
Rank			Discipline								
3. If you placed by the Institute ,please specify Company Name											
Company	/ Name										
4. Higher Studies if any, leave blank if not											
Disciplin	e			University/Ins	University/Inst.						
			•								

## **Candidate Declaration**

I hereby declare that all the information given by me is genuine. I will be responsible for any false information given here.

**Authorized Signature** 

**Candidate Signature**