BRAHMRISHI YOGA TRAINING COLLEGE Sector: 19-A Chandigarh-160019



Phone No.: 0172-2725390,2540128 E-mail:- bytc19@gmail.com

ALUMNI MEET REGISTRATION FORM

NAME IN CAPITAL			
LETTERS			
REGISTRATION NO.	BRANCH:	BRANCH:	
DATE OF BIRTH	AGE:	AGE:	
MARITAL STATUS	·		
E-MAIL ADDRESS			
MOBILE NO.	PERMANENT ADDRESS	COMMUNICATION ADDRESS	
ACADEMIC SESSION	YEAR OF PASSING		
OTHERS (SPECIFY)			
PRESENT STATUS/			
DESIGNATION			
PRESENT EMPLOYER			
ANY OTHER			
INFORMATION			
/SUGGESTION			
ATTENDING ALUMNI			
MEET (YES/NO)			

DATE: 21.04.2018

TIME: 10 A.M.to 12:30 P.M. followed by Tea.

Signature of the Member with date

Kindly send the filled form through Post/Email by 12.4.2018.