

# ALUMNI ASSOCIATION

Khalsa College of Education, Muktsar(Pb.)-152026

Ph. No. 01633-262262, e-mail: [khcedu\\_muktsar@yahoo.com](mailto:khcedu_muktsar@yahoo.com), Website: [www.kcemkt.org](http://www.kcemkt.org)

## MEMBERSHIP FORM

Please enroll me as a Life Member of the Association.

**(Please attach one passport size photograph):**

Photograph

Name (in BLOCK letters): \_\_\_\_\_

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

Session/Year of passing B.Ed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: (a) Office: \_\_\_\_\_

(b) Residence: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail(s): \_\_\_\_\_ Web site(if any): \_\_\_\_\_

Any information you wish to share regarding your B.Ed batch:

*Your Roll. No., Section, Name of the Topper of your batch etc:*

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## MEMBERSHIP FEE

Life Membership : Rs. 500/- (NRI/Overseas: US \$100 or equivalent).

Cash/Cheque/Draft No.: \_\_\_\_\_

Amount: \_\_\_\_\_ Drawn on: \_\_\_\_\_

In favour of **Principal, Khalsa College of Education, Muktsar.**

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## **FOR OFFICE USE**

Form received through : \_\_\_\_\_

Receipt No. : \_\_\_\_\_ Book No.: \_\_\_\_\_ Dated : \_\_\_\_\_

Entered in Roster of Alumni at number: \_\_\_\_\_

Signature of concerned official