

K.R. Mangalam University

Alumni Form

School:.....

Roll No:.....Course Name :.....

Full Name:.....

Father's Name:..... Mother's Name:.....

Address:.....

DOB:..... Aadhar No.....

Phone:.....

Email:

Major Achievements/ Events Participated (if any)

Please tick one option:

Working

Studying

If Working, please fill the details

Name of Company: Designation:

Address of Company:

If Studying, please fill the details

Name of University/College:

Course: