

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:	
DATE OF BIRTH		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.