

6. Contact Address :

Line 1																			
Line 2																			
City																			
State / Country																			
Postal Code																			

7. Alternate Address of any :

Line 1																			
Line 2																			
City																			
State / Country																			
Postal Code																			

8. Telephone Nos. Res.: Cell No.:
 Office: Fax No.:

9. Emails: (1) (2)

10. Qualifications earned after passing out from the College :-

Degree/Dip/Cert.	Institution	Major Subjects	Completed in the Year

11. National/International Honours/Fellowship/Professional Associations:-

1																			
2																			
3																			
4																			
5																			

Presently I am:-

- A. Employed in: Private Sector Public Sector others
 B. Practicing as: C. In Business of
 D. Studying at E. Home Maker/Others:

12. Employment / Professional / Business Details:

Office Address:

Designation

Organisation

13. My other area of interest :

Communication Finance Advocacy Governance

Education Research Others

14. The area of SBSCAA in which I would like to invest my time:

For college:

For Students:

For Association Members:

15. Preferred contact method: Email Phone Post Others

16. I got to know about Alumni Association from/ through :-

I hereby declare and undertake that I shall always abide by Rules & Regulations of SBSCAA.

Date:

Signature:

TO BE PROCESSED AT THE OFFICE OF SBSCAA

It is certified that the information at Column No. 4 has been verified from the records of the College and found correct.

ADMITTED

onwith **Membership No.**

PRESIDENT / GENERAL SECRETARY / SECRETARY (SBSCAA)

STAFF ADVISOR