



ALUMNI RELATIONSHIP CELL
K. S. SCHOOL OF BUSINESS MANAGEMENT
GUJARAT UNIVERSITY CAMPUS, NAVRANGPURA,
AHMEDABAD – 380 009 (GUJARAT)
www.kssbm.org, ksallumni@gmail.com
Ph.: 079-26302110, 93270 53950, 98240 88841

Affix
Your Photo
Here

DATE: _____ **ALUMNI ASSOCIATION MEMBERSHIP FORM NO.:** _____

Name: _____

First Name

Second Name

Last Name

Address: _____

Permanent Address: _____

Ph. No.: (R) _____ (O) _____ (M) _____

E-mail: _____

Blood Group: _____

Date of Birth: _____

Batch (E.g. 2005-2010): _____ Final Year at K.s: _____

Qualification: _____

Occupation & Description: _____

Current Designation: _____

Official Address: _____

Family Background:

Members	Name	Age	Date of Birth (DD/MM/YY)	Occupation
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

OTHER INFORMATION

Hobbies: _____

Special Achievement / Award / Recognition: _____

In what way you would like to help the Institute? _____

Would you like to be a part of Permanent Member of Alumni Association? _____

PROVISIONAL RECEIPT

MEMBERSHIP FEE

Received with thanks from _____

		Registration Fees			
Rs.	500	1000	2000	3000	
Year	1 Year	3 Years	5 Years	10 Years	
Put(√)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mode of Payment: Cash D.D (In favour, **K.S.S.B.M. Placement cell, Ahmadabad**)

Name: _____

Signature: _____

For Office Use

Application from Receiving Centre: Time _____