



ALUMNI DETAILS FORM

Alumni Name			
Father's Name			
Date of Birth		Contact no.	
Batch		Branch	
Permanent Address			
Email ID			
Present Organization			
Position		Present Location	
Package			

Current Working Status (Tick whichever applicable)

<input type="radio"/> Business	<input type="radio"/> Government Job	<input type="radio"/> Private Sector	<input type="radio"/> Entrepreneur
<input type="radio"/> Pursuing higher education	<input type="radio"/> Doing certificate course	<input type="radio"/> Unemployed	<input type="radio"/> Preparing for Govt job
Remark About Current Status			
Connected with Arya College Facebook Page			YES/NO
Feedback and Remark About College			

Date:.....

Signature:.....

FOR TRAINING AND PLACEMENT OFFICE USE ONLY		
<input type="radio"/> Mark sheet/Provisional	<input type="radio"/> Degree	<input type="radio"/> Caution Money

ALUMNI ASSOCIATION

Arya College of Pharmacy, Jaipur

REGISTRATION FORM

Name :

Father's Name :

Date of Birth :

Address :

Course: **Branch:**

Passing out Year: **Email:**

Contact Details: 1) 2)

PRESENT EMPLOYMENT DETAILS:

Organization Name	Address	Designation

Any Suggestions for college:

.....
.....
.....

Your Achievements which we can share with your juniors:

.....
.....
.....

How would you like carry forward your association with Arya family:

.....
.....

Place:

Date:

Signature