



# D.P.S GROUP OF INSTITUTIONS

## Alumni Association Registration Form

### Personal Information

Full Name: \_\_\_\_\_ Gender: M / F

Date of Birth:    Your Blood Group:

### Contact Information

Email Address: ..... Contact Number: .....

Alternate Contact Number: ..... WhatsApp Number: .....

B.Ed. Passing Year: .....

### Class Roll No. & Session

Highest Degree/Program: .....

Degree in [Major/Program): .....

PG Degree Details: .....

**PRESENT ADDRESS:** .....

.....

**PERMANENT ADDRESS:** .....

.....

**Marital Status:**      **Single**       **Married**

**Any Social Media Profiles You Have :**

**Facebook:**

**Twitter:**

**Linkedin :**

**Permission for Contact (Are you willing to accord your Consent for the college to contact for you for alumni-related activities or other social efforts.)**

**Yes**  **No**

**Describe Experiences / Achievements (if any) -**

.....  
.....

**Fondest memories of life @DPSITE Describe in Few Lines:**

.....  
.....

**Are you interested in attending alumni events or reunions in future:**

**YES**  **NO**  **MAYBE**

**Do you want to recommend anyone for our offered courses :**

**YES**  **NO**  **MAYBE**

**Please share your hobbies and interest:**

.....  
.....

**Please share your feedback and suggestions for the institute:**

.....  
.....

**D. P. S.**