

ALUMINI ASSOCIATION
 VASAVI VIDYA TRUST GROUP OF INSTITUTIONS, FACULTY OF MCA
 (AFFILIATED TO ANNA UNIVERSITY)
MEMBERSHIP APPLICATION FORM

DATE :

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FROM

TO

Mr/Mrs..... Pincode..... STD code/Phone No.....
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VASAVI VIDYA TRUST GROUP OF INSTITUTIONS, FACULTY OF MCA
 ALUMNI ASSOCIATION,
 RAMAKRISHNAPURAM,
 MASINAIYAKANPATTY,
 SALEM-636103.

Sir,

I studied the following course at Vasavi Vidya Trust Group of Institutions, Faculty of MCA, Salem.

Degree	Roll No	Year		Class Obtained
		From	To	

1. Other courses
studied / Studying

S. No	Course name	Year		Institution / University
		From	To	
1				
2				

2. Business (Details)

Name of the Business and Address

3. Service Employment
(Company Name,
Position, Address etc..)

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4. Whether passed - UGC, CSIR
(NET) SLET /GATE /TOEFL/ GMAT/
Indian Administration Services Examination
/ Any others IF yes, Mention the Date

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5. I can arrange for Guest Lecture/
Industrial Visits /Project work for your
Student IF needed

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I have read the memorandum of Association and bye-laws of my College ALUMNI Association. I am happy to join the Association. I request you to kindly admit me as a member.

Yours faithfully,

(SIGNATURE)

Note : Fill this form and send to the mail ID director@vysyamit.in

ALUMINI ASSOCIATION
 VASAVI VIDYA TRUST GROUP OF INSTITUTIONS, FACULTY OF MBA
 (AFFILIATED TO ANNA UNIVERSITY)
MEMBERSHIP APPLICATION FORM

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Pincode.....
STD code/Phone No.....

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