



**DRIEMS**  
UNIVERSITY

Passport  
Size Photo

**Alumni Association Registration Form**

1	Name	:	
2	Date of Birth	:	
3	Mobile no	:	
4	Email ID	:	
5	Residential Address	:	
6	Current Occupation	:	Government/ Private/self- employed
7	Current Designation	:	
8	Current Industry	:	
9	Office Address	:	
10	Office Telephone	:	

**Academic Details**

11	Degree obtained from DRIEMS University	:	
12	Name of the Department & School of DRIEMS University	:	
13	Registration No.	:	
14	Passing Year	:	

Notable achievements (If any):

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Honours/awards/distinctions (If any):

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Date: \_\_\_\_\_

Signature