



ALUMNI REGISTRATION FORM

Identity yourself (Please enter information)

First Name

Middle Name

Last Name

Date of birth : _____ Gender : _____

Degree : _____ Department : _____

Year : _____ Registration : _____

Address for Correspondence :

Permanent Home Address : _____

City : _____ Country : _____ Postal Code : _____

Mobile/Tele No : _____ E-mail Address : _____

Additional Information:

Furnish details if any other degree obtained from SMU: _____

Personal Information : _____

Interest/Hobbies : _____

Distinctions : _____

Children : _____

Accomplishment : _____

Spouse's name : _____

Any message or suggestion you like to make: _____

Any Service/Contribution you may like to render: _____

Name of the Organisation where working presently: _____

Note: Please do communicate to this center incase of change of address and telephone no.

Signature of student