

Mahakal Group of Institute, Ujjain

Alumni Registration Form

Full Name *:

Date of Birth * (DD-MM-YYYY) :

College* (MIT / MITS / MITM / MIPS / MIM)

Department* (CS/IT/EC/EE/EX/IC/ME/CE/B.Pharm/M.Pharm/MCA/MBA/Diploma).....

Gender * (M / F)

Year of Passing * (2001 / 2002 / 20032014).....

Present Address:

.....

Permanent Address*:

.....

Email *:

Contact Number 1*:

Contact Number 2:

Additional Qualifications (If any):

Currently Working Organization:

Current Designation:

Comments / Feedback:

.....

Your Facebook profile link:

Recent Photo (standing in front of your office building)

Recent Photo (at your working place with ID card)

WOULD YOU WANT TO BECOME AN ACTIVE MEMBER OF ALUMNI: YES / NO

Signature & Date

Send Scanned copy in pdf to: pavcmgi@gmail.com