Attach a photo



Date:								
D	D	M	M	Υ	Υ	Υ	Υ	

## JIBANTALA ROKEYA MAHAVIDYALAYA ALUMNI ASSOCIATION

Vill-Jibantala, P.O-Jibantala Sarengabad, P.S- Jibantala, Dist. South 24 Pgs, 743376

	ALUMNI MEMBERSHIP APPLICATION
Form No:	
Name:	
Gender: Male	Female
Date of Birth:	D D M M Y Y Y
Passing Year:	
Degree Obtained:	B.A [ ] / B.Sc. [ ].
Qualifications obta	nined from other Institute:
Address:	
Mobile:	
Email:	
Present Occupatio	n:
Designation (if any	r):
	Signature of Applicant