

A.N.D. COLLEGE, SHAHPUR, PATORY

L.N.M. UNIVERSITY, DARBHANGA, BIHAR - 848504

ALUMNI INFORMATION FORM

Registration No: _____

Affix your
passport size
photo here

1. PERSONAL INFORMATION

Title	<input type="text"/>	(Mr/Mrs/Ms/Dr)
Name		
Gender (M/F)		
Date of Birth	__/__/____ (dd/mm/yy)	Mobile
Email		
Personal web page	http://	
Company web page	http://	

2. ACADEMIC INFORMATION

Qualification 1 (Mention your qualifications) [leave which is not applicable]

Batch (paasing year)	Degree (BA/B.Com/ B.Sc/ M.A./M.Sc./M.Com)	Remarks

3. CONTACT INFORMATION

Residence Address

Address			
Country		State	
City		Pin Code	
Phone(R)	_____ (Country code)	_____ (City code)	_____ (Number)

4. PROFESSIONAL INFORMATION

Occupation		Organization	
Designation			

Office Address

Address			
Country		State	
City		Pin Code	
Phone(O)	_____ (Country code)	_____ (City code)	_____ (Number)

5. APPEARENCE/QUALIFYING IN COMPETITIVE EXAMS [please provide details]

1. Have you Passed in CAT if yes then provide details if no leave blank			
Score			
2. Have you Passed in GATE if yes then provide details if no leave blank			
Rank		Discipline	
3. Have you Passed in MAT if yes then provide details if no leave blank			
Score			
4. Have you Passed in JRF if yes then provide details if no leave blank			
Score			
5. Have you Passed in NET if yes then provide details if no leave blank			
Score			
6. If you placed by the Institute, please specify Company Name			
Company Name			
7. Higher Studies if any, leave blank if not			
Discipline		University/Inst.	

Candidate Declaration

I hereby declare that all the information given by me is genuine. I will be responsible for any false information given here.

Authorized Signature

Candidate Signature