**ALUMNI ASSOCIATION GOVERNMENT COLLEGE KOSLI**

**Room No 21, Govt. College Kosli (Rewari)**

 **Email-** **alumnigckosli@gmail.com** **photo**

**Application Form for Membership of Alumni Association**

To

The President/ Secretary

Alumni Association Govt. College, Kosli

Please enroll me as a Life/Ordinary Member of Alumni Association Govt. College Kosli. My brief particulars are as under:

1 Name: …………………………………………………………………….

2 Father/ Husband Name: …………………………………………………………………….

3 Permanent Address……………………………………………………………………………

………………………………………………………………………………………………….

4 Date of Birth: ……………………………………Gender………………………………...

5 Year of Admission: …………………… Year of Pass out/Leaving…………………………..

7 University Reg. No & Stream: ……………………………………………………………….

8 Mobile No ………………………………………………………………………

9 Email ID: ……………………………………………………………………….

10 Current Profile/Occupation: ………………………………………………………………..

11 Specialization: ……………………………………………………………………………..

12 I certify that:

1. I unconditionally subscribe to the aims and objectives of the association and contribute towards the attainment of the same.
2. I will abide by the Byelaws of the association as applicable and amended from time to time.
3. I have not been convicted of an offence involving moral turpitude and imprisonment.

14. I am enclosing herewith the following documents:

 (i) Copy of Marksheet/degree (ii) Copy of Aadhar Card towards proof of address & DOB

 (iii) Two Passport Size photos and one stamp size photo affixed on form.

1. DD/Pay Order/ Cheque No/online transaction no………………………………... dated…………… for Rs…………… in favour of………………………………. ………………………………………………towards membership fee.
2. DD/Pay Order/ Cheque No/online transaction no………………………………... dated…………… for Rs…………… in favour of………………………………. …………………………………towards annual subscription for the year……….

 Dated: ……………….

Place: ……………… Signature of Applicant

B**. Recommendation of a Regular Member of Association:**

I recommend admission of Sh**……………………………… S/o ………………………….**

aged……………years, r/o…………………………………… as life/ordinary member of Association.

Dated: ……………… Full Name of Recommender…………………………...

Place: ……………… Signature Recommender ………………………………

 Membership No ……………..

**C. Decision of Governing Body:**

Sh. ……………………………...…s/o …………………………………. aged ………….

r/o ……………………………………, is admitted as Life/Ordinary member of the Association w.e.f. ………………… under membership No. ……………… vide resolution bearing no…………… in the meeting of Governing Body held on ……………

**Dated: …………….**

**Place: ……………. Signature of President/ Secretary**