

SRM University Delhi-NCR, Sonapat, Haryana
Alumni Association (SRMUH-AA)



Membership Form
(Passed out students are eligible)

For Office Use only
No. _____

Paste Passport
Size Photograph
here

ALUMNI DETAILS:

Name:

Department / Course Name:

University Reg. No.:

Year of Graduation:

Father's Name :

Mother's Name:

Date of Birth:

Gender:

Aadhar Card:

PAN Card:

Nationality:

If Foreigner (Country Name):

Address of Correspondence with Pin:

Higher Education (Pursing/Completed): Yes / No

If Yes, Programme/Specialization:

PERSONAL DETAILS:

Personal Mobile No:

Instagram ID:

Personal Email Address:

CAREER DETAILS

Employed: Yes / No

Current Employer / Organization:

Job title:

Role:

Date of Joining :

Address with Pin:

Official Email id:

ALUMNI MEMBERSHIP REGISTRATION

I would like to contribute Rs. 2500/- or more) (in words _____)
to SRMUH-AA account to become SRMUH-Alumni Association member. I would like to receive the information on above
given e-mail ID.

Sign:

Dated

Please Return Completed Application From:

By post: **Director Alumni Relations, SRM University Delhi-NCR, Sonapat, Haryana,**
39, Rajiv Gandhi Education City, PS Rai, Sonapat, Haryana-131029.

Email: alumni.relations@srmuniversity.ac.in (in case of scanned copy)

UNDERTAKING

1. I, _____ Reg. No. _____

am student of SRM University Delhi - NCR, Sonapat, and Haryana in the Department of

2. I am willing to be an active member of the SRMUH Alumni Association (SRMUH-AA).

3. I am willing to forego the Rs. 2500/- (Rs. 500/- as Membership and *Rs. 2000/- as one time contribution) from the security Deposit. I, hereby authorize University to transfer the said amount into **SRMUH-Alumni Association** account and shall not be claimed by me / or by legal guardian.

Deponent

**The amount deposited as one time will be further used for the Alumni welfare or any noble and social cause initiated by the students council of the University.*