

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:	Linkedin ID:
Personal Email Address:	

CAREER DETAILS Employed: Yes / No

Current Employer / Organization:	Job title:
Role:	Current Location:
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.*