



LOYOLA COLLEGE OF ARTS & SCIENCE

METTALA

Alumni Registration Form

Personal Information			
Name of the Student			Space for Affixing Recent Passport Size Photograph
University Register Number			
Gender	Male / Female		
Date of Birth (DD/MM/YYYY)			
Nationality	Indian		
Religion	Hindu/Muslim/Christian/		
Community	OC/BC/BCM/MBC/DNC/SC/SCA/ST/		
Programme	B.A./B.Com./B.Sc./B.C.A./B.B.A./		
Branch of Study			
Year of Study	From	To	
Address	<i>Is Your Permanent Address the Same as Your Contact Address</i>		Yes / No
Permanent Address		Contact Address	
Pin:		Pin:	
Phone / Mobile No.		Phone / Mobile No.	
Fax		Fax	
E-Mail		E-Mail	
Educational Information			
Course	School / Polytechnic / College / University Name	Year of Passing	(%)
X			
XII			
Placement Details / Career Track			
Placed	Yes / No	Higher Studies	
On Campus / Off Campus		Name of the Course	
Name of the Company		Name of the College	
Designation		Mode of Admission	GRE / TOEFL / GATE / NON-GATE / TANCET / AIMCET
Salary Per Annum		University	
Entrepreneur	Yes / No	College Address	
Company Address			

Details of Achievements/Awards Received (If Any)

Contribution to Alumni Association

Change of Address (If Any)

Tell Us More about Yourself

Marital Status	Married / Single	Marriage Date	
Spouse's Name			
Spouse's Employment	Yes / No		

Station/Place :

Date :

Signature of the Alumni

For Office Use

Signature of Alumni Association Incharge		Principal
Name		
Designation		
Department		

Office Seal