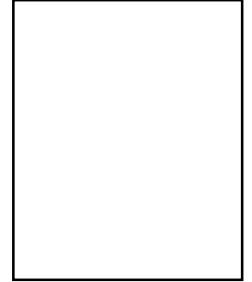


AKAL UNIVERSITY ALUMNI ASSOCIATION

TALWANDI SABO, BATHINDA-151302

Contact: +91-9911332255

email: alumni@auts.ac.in



MEMBERSHIP FORM

Please enroll me as a Life/Ordinary/Patron Member of the association.

(Please attach one passport size photograph)

Name: _____ Father's Name: _____

Date of Birth: _____ Occupation _____

Work address: _____

Phone: _____

Residential address: _____

Phone: _____ E-mail, if any: _____

Association with Akal University

i) Degree(s) obtained: _____ Year: _____ UID: _____

_____ Year: _____ UID: _____

ii) Member of the teaching faculty: _____ Department _____ DOJ _____

Email: _____

Date: _____ Signature: _____

MEMBERSHIP FEE

Life Membership : Rs. 1000/- (NRI/Overseas: US \$100 or equivalent).

Patron Membership : Rs.21,000/- or more (NRI/Overseas: US \$1000 or equivalent).

Cheque/Draft No.: _____ Dated: _____

Amount: _____ Drawn on: _____

in favour of Alumni Association, Akal University payable at Talwandi Sabo, Bathinda.

For office use

Form received through: _____

Receipt No. _____ Book No. _____ Dated _____

Akal University Alumni Association membership No.: _____

**AKAL UNIVERSITY ALUMNI ASSOCIATION
TALWANDI SABO, BATHINDA-151302**

Students Consent Form

Name of Student : _____

UID No : _____

Class and Semester: _____

Department : _____

Passing out Year : _____

Fee : Rs. 1000/-

(i) Paid: Cheque/Draft No.: _____ Dated: _____
Deposited in
Bank _____

Or

(ii) Kindly adjust Alumni Association membership fee of Rs. 1000/- from my security.

(Student Signature with date)

(Official Signature)