

**AKAL UNIVERSITY**  
**TALWANDI SABO, BATHINDA-151302**  
**ALUMNI ASSOCIATION**  
Contact: 1800-2020-100, Email: alumni@auts.ac.in  
**MEMBERSHIP FORM**

Paste a passport  
size photograph  
here

Name: \_\_\_\_\_ Batch: \_\_\_\_\_

AUID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone (Personal): \_\_\_\_\_ E-mail (Personal): \_\_\_\_\_

Current Occupation \_\_\_\_\_ Work address: \_\_\_\_\_

\_\_\_\_\_

Phone (Official): \_\_\_\_\_ E-mail (Official): \_\_\_\_\_

**ASSOCIATION WITH AKAL UNIVERSITY:**

Last Degree obtained: \_\_\_\_\_ Year of Passing: \_\_\_\_\_

Department: \_\_\_\_\_

**MEMBERSHIP TYPE:**       Life Membership (Rs. 1000/-)       Patron Membership (Rs. 21,000/-)

**PAYMENT DETAILS:**

Cheque/Draft No./Cash/Online \_\_\_\_\_ Dated: \_\_\_\_\_

Amount: \_\_\_\_\_ Transaction ID (in case of Online Payment): \_\_\_\_\_

(Student Signature with date)

**FOR OFFICE USE**

Form received through: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Book No. \_\_\_\_\_ Dated \_\_\_\_\_

Akal University Alumni Association Membership No.:

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(Signature)  
Alumni Coordinator