Membership No. 2016.....

## **Alumnae Association**



# Mata Gujri Mahila Mahavidyalaya (Auto.)

(Grade 'A' by NAAC) Civic Centre, Marhatal, Jabalpur (M.P.) 482001

### **Membership Application Form**

▶ Name	:						Π											
▶ Maiden Name	:																	
▶ Date of Birth	:				T	$\overline{\mathbb{I}}$	T	T	T	٦								
▶ Permanent Occupation	:					Γ												
▶ Permanent Address	:																	
▶ Phone/Mobile	:																	
▶ Fax/E-mail	:																	
▶ Permanent Address	:																	
▶ Marital Status	:																	
➤ Occupation of Spouse	:																	
► Duration of Study / service	in the																	
<ul> <li>▶ Duration of Study / service in the college fromto</li></ul>																		
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► Last Academic Qualification	on	:																
• Area of Co-curricular activ																		
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(vii) Literary activities (viii) Any other please specify  ▶ Willing to counsel MGMM students : Yes No																		
► Willing to be associated with placement cell : Yes No																		
▶ If yes, please specify nature	-								_ 				<u></u>					
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▶ Willing to promote business/ entrepreneurship ventures of MGMM students : Yes No																		
▶ If yes, please specify nature of help																		
➤ Your valuable suggestion/o	ninio	 ns/0	 hee	 rvat												•••••		••••
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#### **Rules & Regulations:-**

- 1. Applicant has to deposit annual membership fee of Rs. 50.
- 2. Only students who have studied in MGMM (Auto) for a period of 2 yrs (UG & PG) and a faculty member who has served for 3 years is eligibile for alumnae membership.
- 3. The members, under all circumstances, should abide by the code of conduct framed & modified by the college from time to time.
- 4. Governing Body of the Association shall have the powers to expel/terminate a member or members from the membership of the above Association if found to be involved in any anti social activities.

#### **DECLARATION**

	hereby declare that all the details which have been ny knowledge. I will abide by the rules and regulations
Date :	
Place :	Signature

Year	Fee	Receipt No.	Date	Signature
2016-17				
2017-18				
2018-19				
2019-20				
2020-21				

Note: All the columns are to be filled and if not applicable kindly write NA.