



Swamy Vivekananda VidyaSamsthe (R), Shikaripura

ಕುಮದ್ವತಿ ಶಿಕ್ಷಣ ಮಹಾವಿದ್ಯಾಲಯ



## Kumadvathi College of Education

Aided, Permanently Affiliated to Kuvempu University, Recognised by NCTE & UGC Act 2(f),  
Section 12(B) & NAAC Accredited with B Grade (2.70 CGPA)

Shivamogga Road

Shikaripura – 577 427

Shivamogga District

☎: 08187 – 222383, 222067

E-Mail: kumadvathibed@gmail.com

### Kumadvathi College of Education Alumni Association(R), Shikaripura

Reg.No: DRSH/SOR/37/2020-2021

#### Application Form Membership

App No:

- Name (in block letter): \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Father's/Husband's name: \_\_\_\_\_
- Mother's name: \_\_\_\_\_
- Year of Study in the Institution: \_\_\_\_\_
- Educational Qualification till date: \_\_\_\_\_
- Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Pin Code: \_\_\_\_\_
- Phone: Office: \_\_\_\_\_ Residence : \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax : \_\_\_\_\_
- Email: \_\_\_\_\_
- Present Occupation (Govt. Service / Private Service/ Business): \_\_\_\_\_
- Designation: \_\_\_\_\_
- Address of Present for Posting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Passport Size  
Photo

• Place of Work: \_\_\_\_\_

• Any Special Information about yourself: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Membership Fee:

Annual Membership : Rs. 200

Life Membership : Rs. 1000

Registration fee Receipt No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

It gives me great pleasure in accepting the Alumni Association Membership of Kumadvathi College of Education, Shikaripura. I declare that above mentioned details are true to the best of my knowledge and I promise to abide by all the rules and regulations framed by Alumni Association of Kumadvathi College of Education.

Date: \_\_\_\_\_

Place : \_\_\_\_\_

Signature

**For Office Use Only**

Membership Fee :Rs. \_\_\_\_\_ Receipt No: \_\_\_\_\_

Membership No: \_\_\_\_\_ ReceiptDate: \_\_\_\_\_

Annual Membership:

Life Membership:

Signature of the Treasurer

Principal