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Affix Photo

Registration No.....

**Alumni Association**  
**Chaudhary Devi Lal University, Sirsa**  
( Established by State Legislature Act 9 of 2003)

Name of the Alumnus: \_\_\_\_\_ Father's name : \_\_\_\_\_

Name of the Department: \_\_\_\_\_ Course: \_\_\_\_\_

University Registration Number: \_\_\_\_\_ Session: \_\_\_\_\_

Year of passing out: \_\_\_\_\_

Highest Qualification (including from any other University): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Present Occupation (With Designation): \_\_\_\_\_

Professional Experience with name and address of present employer(s): \_\_\_\_\_

Permanent address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile number(s): \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Notable Achievement(s): \_\_\_\_\_

Any other information(s): \_\_\_\_\_

Signature

Date

Signature of Chairperson /