

**ALUMNI MEMBERSHIP FORM**  
**Swami Yogananda Giri College,**  
**Sakti Ashram, Kokrajhar BTR, Assam**

Name:

Address:

Phone No:

Email ID:

Degree Completed from College:

Specialization/Subject:

Year of Joining:

Year of Passing:

Current Qualifications:

Present Occupation: Designation, Department and Company/1<sup>st</sup> Profession

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How would you like to associate with the College as an alumni (Past Students)?

- \* Casual Association
- \* Attend Alumni Association meetings regularly
- \* Participate actively in Alumni Association
- \* Other

Signature of alumni