

Nirma University, Ahmedabad
NIMA Knowledge Centre
Institute of _____
Application form for the Alumni Membership

Two latest
stamp size
photographs

1. Name _____
2. Contact Address _____

3. Telephone (Off) _____
(Res) _____
Mobile _____
4. Email _____
5. Institution/Organization serving in _____

6. Alumni Association Membership Number: _____

I hereby certify the above person is a member of our alumni association

Signature with Date
(President /Secretary,
Alumni Association)

I am aware of and undertake to abide by the rules for Alumni Membership. Enclosed is a Demand Draft / Cheque _____ dated _____ for Rs _____ drawn in favour of the Institute of _____.

Date
Place

Signature

For Official Use only

The Annual Membership is granted for the period from _____ to _____

Librarian