# KHALSA COLLEGE FOR WOMEN, AMRITSAR
## ALUMNI REGISTRATION FORM

**Candidate Name**:

**Father's Name:**

**Date of Birth:**

**Pass out Course from KCW:**

**Year of Pass out:**

**Department:**

**Contact Number:**

**E-mail-Id :**

**Present Position/Occupation/Job:**

**Present Address:**

**Achievements:**

    **i)** _____

    **ii)** _____

    *iii)* _____

**Whether Pursuing Higher Study? (If Yes then):**

- **Class/Course Name:** _____

- **University/Institute's Name:** _____

**Information of Classmate/Batch mates:**

| Sr. No. | Name | Course | Department | E-Mail (*In Capital Letters*) |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Photograph

Signature