

**MAHARSHI DAYANAND UNIVERSITY ALUMNI ASSOCIATION, ROHTAK**

**MEMBERSHIP FORM**

Please enroll me as Member of the Association. I am sending Rs.500/-/Rs.100/- as Life/Ordinary Membership Fee. (Fee may be sent through a crossed account payee bank draft drawn in favour of the Secretary, M.D. University Alumni Association, Rohtak alongwith this form).

Name: \_\_\_\_\_  
(in block letters)

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Designation & Office Address \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

Telephone Office: \_\_\_\_\_ Res. \_\_\_\_\_

e-mail: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Present Occupation \_\_\_\_\_

**Academic Attainments**

Degree/s obtained from the M.D. University	Year in which obtained	Name of the University Teaching Department from which obtained
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Notable Achievements or any Any other particulars deserving special mention

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

(Please use additional sheet if required)

Particulars of payment of Membership fee.

DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \_\_\_\_\_ Drawn on \_\_\_\_\_

I shall be abide by the provisions of the Constitution and Bye-laws of the Association.

Date:

SIGNATURE