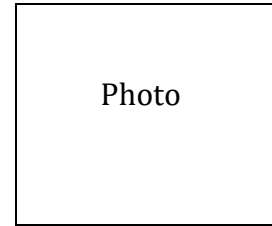




Satyawati College (Day)
University of Delhi
Alumni Association Form 2018



Name: _____

Date of Birth: _____

Course/Batch Year: _____
attach a copy of degree

Special Awards/Medals: _____

Present/Last-Held Occupation: _____

Present/Last Designation: _____

Institution/Firm etc _____

Residential Address: _____

Email id: _____

Mobile No.: _____

Convener
Dr. Nirmal Jindal
Mail id: alumni@satyawati.du.ac.in

Forward registration form on this email id.