



Alumni Association of
J.D. BIRLA INSTITUTE

Departments of Science, Commerce & Management

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Membership Form

NATURE OF MEMBERSHIP APPLIED FOR : ANNUAL LIFE

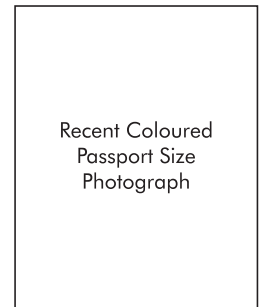
MEMBERSHIP DETAILS :

NAME OF THE STUDENT (As specified on JU Registration Certificate)

(First Name) _____ (Surname) _____

Present, if different from above: (First Name) _____ (Surname) _____

DATE OF BIRTH
Day Month Year



POSTAL ADDRESS _____

PHONE: (Res) _____ (Off) _____ (Mobile) _____

EMAIL: _____

YEAR OF REGISTRATION AT JDBI :

YEAR OF PASSING :

COURSE DONE AT JDBI :

PRESENT OCCUPATION Service Business Others (specify)

Name of Organization where working:

Designation:

Address:

Work Experience (in years):

SPECIAL INTEREST

Date

Place

Signature of the Applicant

FOR OFFICE USE ONLY

Membership No.