

S.K.GOVT. COLLEGE, KANWALI(REWARI)

Alumni Registration cum Feedback Form

Personal Details:

Full Name: -----

Father Name: -----

Email (Fill in Capital Letter): -----

Mobile No: -----

Permanent address: -----

Educational Details: -

Admission Year/ Session: -----

Course Name: -----

Registration No & Roll No: -----

Pass out Year: -----

Current Educational & Professional Profile: -

Occupation: -----

Govt./Private/Self Employed/any other: -----

Higher Study: -----

Higher Study (if yes): - Name of Course & Institute: -----

Attach proof of above-mentioned details (i.e. ID Card Copy/Marksheet Copy, any other relevant documents)

Feedback: -

Your Experience in S.K. Govt. College, Kanwali

Any suggestion for betterment for Institution

Date:-

Signature of Candidate