

TILAK MAHARASHTRA VIDYAPEETH,
INSTITUTE OF NURSING EDUCATION & RESEARCH, PUNE

ALUMNI REGISTRATION FORM

Name of the Alumni member (IN CAPITAL ONLY):

Department:

Sex: M – male

F – Female

Address for correspondence:

Pin code:

Phone No:

Mobile No:

E mail address

Name of Working Institute:

Office no –

M.N.C registration no

Smart card: Yes / No

Alumni fees status P – Paid (if paid mention below)

N - Not paid

DECLARATION BY CANDIDATE

I have carefully read the instructions to before filling form and declare that information given above is true the best of my knowledge and belief.

PLACE :

DATE :

SIGN OF CANDIDATE

FEES DETAILS

ALUMINI REGISTRATION FEES 500 /-