

Jamini Mazumdar Memorial College

ALUMNI REGISTRATION FORM

Name: _____

Address: _____

Village / Town / City: _____

District: _____

State: _____

Pin Code: _____

Mobile Phone No.: _____

WhatsApp No.: _____

Date of Birth: _____

Highest Academic Qualification: _____

Year of admission at JMMC: _____

Year of Passing: _____

College Roll No.: _____

Subject of study at JMMC: _____

Current Occupation: _____

** Appointment Letter / Proof of Higher Study required*

E-mail Address: _____

Documents Required:

Passport size Photo – 1 Copy

College ID Card / Mark Sheet

Signature of Candidate