SLM CENTRAL PUBLIC SCHOOL, BANGA

ALUMNI REGISTRATION FROM

Paste Passport Size

Photograph here

Name of the Alumni:……

Year of Passing class Xth :……

Date of Birth:……

Experience at SLMCPS:

……
……
……

Present Designation & Full Address of the Organization:

……
……
……

Contact Mailing Address (Residence):

……
……
……

E-mail Personal:…… E-mail Official:……

Mobile No:…… Phone No:……

Date & Place

Signature of the Alumni