** ALUMNI ASSOCIATION**

Affix

Passport Size

Photo

 **CENTRAL UNIVERSITY OF TAMIL NADU**

 ***(ESTABLISHED BY AN ACT OF PARLIAMENT, 2009)***

 **NEELAKUDI CAMPUS, KANGALANCHERRY**

 **THIRUVARUR - 610 101**

 **ALUMNI REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| 1 | Name in block letters |  |
| 2 | Present occupation |  |
| 3 | Date of birth |  |
| 4 | Gender (Male/Female) |  |

5. Degree/Diploma/Certificate obtained from Central University of Tamil Nadu:

|  |  |  |
| --- | --- | --- |
| 1. Name of the Degree:  | Subject: | Years/Months of Study From: To: |
| 2. Name of the Degree:  | Subject: | Years /Months of Study From: To: |

6. Highest Degree Obtained:

7. Communication Address:

8. Permanent Address:

9. Information about your Profession/Occupation/Position:

10. Telephone/Mobile No.:

11. E-mail id:

Date:

Place: Signature of the Applicant

**Filled in registration form may be sent to Dr. V. Rajendiran, Coordinator, Alumni Association, Assistant Professor, Department of Chemistry, Central University of Tamil Nadu, Neelakudi Campus, Kangalancherry, Thiruvarur - 610 101**