

AZAD GROUP OF EDUCATIONAL INSTITUTIONS, LUCKNOW

Alumni Form



Student's Name : Passing Year

University Roll No. : Course / Branch

Permanent Address: District..... Pin Code.....	Correspondence Address: District..... Pin Code.....
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Mobile No. Res.

E-Mail ID

Company / Organization Name

Designation Posting Place

Package

Company Address

Company Contact No.

Company (E-Mail ID & Website)

Candidate Signature

Date