

**Dr.C.V.RAMAN SCIENCE COLLEGE ALUMNI ASSOCIATION
SIRONCHA.**

(DCVRSCAAS)

Dr.C.V.Raman Science College, Sironcha 442504

Email.Id :-cvraman.src@gmail

Website:-www. cvrsironcha.com

To,
The Secretary,
Dr.C.V.Raman Science College Alumni Association
Dr.C.V.Raman Science College,
Sironcha. 442504

Dear Sir,

I would like to enroll myself as a life Member/Donor Member of DCVRSCAAS

MY. Bio-data is as given below:

Name :
Address (Off) :
.....
.....
Telephone(Off) :
Telephone(Res) Landline :
Mobile: :
Fax: :
E-mail : :

I agree to abide by the rules and regulations of the Association.

I am paying the Association fee by Cash/ Cheque/ D.D

Cheque / D.D. NoDate For

Drawn on towards

Life Membership : Rs. 500/- or Us \$ 15

Donation : Rs.

Registration fee : Rs.25/-

Total :- Rs.

(Cheque/D.D. may be drawn in favour of “Dr.C.V.Raman Science College Alumni Association,
Sironcha.,Dist: Gadchiroli.(MS) 442504

*Please put ✓ mark in appropriate box

I was a student of Dr.C.V.Raman Science College, Sironcha from..... to.....

And have completed my graduation (B.Sc.) in CBZ/PCM group.

My present Occupation:

My Achievements :

.....

.....

I am enclosing a brief report about my College days (in 200 words), herewith.

Thanking you

Yours faithfully

(.....)

Full Name and Signature

(FOR OFFICE USE ONLY)

Proposed by

Seconded by.....

Accepted by

Secretary
(DCVRSCAAS)

President
(DCVRSCAAS)