



**Registration Form
Alumni Association
Multani Mal Modi College Patiala**

Name :

Gender (Male/Female/Transgender) :

Date of birth :

Year of Passing :

Course :

Current Profession:

Current Position:

Current Company:

Current Country:

Current State:

Current City:

e-mail Address:

Mobile Number:

Postal Address:

.....

.....

Awards Received:

.....

About You:

.....

Referred by :

(Name of Teacher/friend)

(Signature)