



SATAVAHANA UNIVERSITY

శాతవాహన విశ్వవిద్యాలయం

ALUMNI REGISTRATION FORM

Paste Passport Size
Photograph here

Full name of the Alumni _____

Name of Father _____

Hall Ticket no _____ Course name _____

College name _____ Batch _____

Date of Birth: _____ Phone No _____

Present Designation : _____

Full address of the Organization:

Full address (Residence):

Date and Place

Signature of the Alumni