



Run By Marudhar Mahila Shikshan Sangh

Leela Devi Parasmal Sancheti Kanya Mahavidhyalaya, Vidyawadi

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ALUMNI ASSOCIATION

LET'S RE-CONNECT TO VIDYAWADI

1. Name: _____

2. Mother's Name: _____

3. Father's Name: _____

4. Date of birth: _____

5. Graduation(BA,B.Com,BCA,B.Sc(Bio./Maths)) _____

6. Year of Passing: _____

7. Working/Non-Working: _____

8.If Working(Organization/Institution): _____

9. Outstanding Achievement/Honour/Award/Position: _____

10. Designation: _____

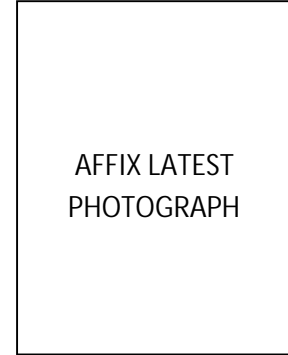
11. Permanent Address: _____

City: _____ State: _____ Pin: _____

12.Telephone No: _____

13.Mobile No: _____

14.E_mail Id: _____



Signature/Digital Signature

Note: Kindly Send the form either through mail or through post.