



# JAMAL MOHAMED COLLEGE (Autonomous)

TIRUCHIRAPPALLI – 620 020.

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## ALUMNI / ALUMNAE ASSOCIATION

Photo

Name :

Age & Date of Birth :

Programme Studied :

Period of Study :

Roll No :

Present Qualification :

Past & Present Occupation /

Entrepreneur :

### OFFICE / BUSINESS ADDRESS

### PERMANENT RESIDENTIAL ADDRESS

Tel. No. :

Tel. No. / Mobile No. :

E-mail :

E-mail :

Are you doing PG / M.Phil/  
Ph.D now? (If Yes, give details) :

College Name and Address :

Have you cleared NET / SET /  
any other competitive  
Examination (If Yes, give details) :

Have you received any awards /  
recognition from any  
organization (If Yes, give details) :

Any other details you wish to furnish :

Date :

Signature