



THE INSTITUTE OF SCIENCE MUMBAI ALUMNI ASSOCIATION

15, Madam Cama Road, Mumbai 400 032.
Phone: 022-2844219, 2829293/4/5

Membership Form

Name: Mr./Mrs./Ms./Dr. _____

Designation: _____

Address with telephone no. and email address:

Residential: _____

Professional: _____

Year of passing: _____

Degree obtained: _____

Subject: _____

Department and name of the guide (if by research): _____

Field expertise with present designation: _____

Your expectations from Alumni Association: _____

In what way you can contribute to strengthen Alumni Association: _____

Please suggest three names and addresses of the Institute Alumni you know and feel are not yet the members of Alumni Association:

1. _____

2. _____

3. _____

I am enclosing herewith DD/Cheque no. _____ dated _____ of Rs. _____ towards _____ membership fee of the Alumni Association drawn in favour of **The Institute of Science Mumbai Alumni Association**, payable at Mumbai.

Signature