

DECCAN COLLEGE PAST STUDENTS ASSOCIATION

C/o Department of Archaeology
Deccan College Post-Graduate and Research Institute
Deemed University
Pune 411006

MEMBERSHIP APPLICATION FORM

I request you to enroll me as a Life Member of the Deccan College Past Students Association. I am herewith giving details of my association with the Deccan College. I will abide by the rules and regulations of the Association.

I: Personal Details:

1. Name (in BLOCK LETTERS): _____

2. Date of Birth: _____ Place of Birth: _____

3. Present/Last Occupation: _____

4. Present Address: _____

Telephone No: Resi: _____ Office: _____

E-mail address: _____

II: Details of Education at the Deccan College:

Degree: _____ Subject: _____ Passing Year: _____

Date: _____ Signature: _____

For Office Use:

Received Membership Fee of Rs. _____ (Receipt No): _____ dt. _____

Treasurer