



# Alumni Association

COLLEGE OF ENGINEERING, GUINDY  
ANNA UNIVERSITY, CHENNAI - 600 025.

☎ : 2235 1314  
2230 0111  
2235 8987

E-mail : aacegsec@gmail.com  
Website : http://www.aaceg.org

## MEMBERSHIP APPLICATION

Mail Application to : The Secretary, Alumni Association, College of Engineering, Guindy, Chennai - 600 025.

<b>NAME AND ADDRESS AS IT SHOULD APPEAR IN ALUMNI ASSOCIATION MAILINGS :</b>									
NAME									
ADDRESS									
ADDRESS									
ADDRESS									
CITY / COUNTRY & POSTAL INDEX NUMBER, PHONE NUMBER									
E.MAIL			FAX No.:				MOBILE		

DATE OF BIRTH \_\_\_\_\_  Male  Female

PRESENT OCCUPATION Day Month Year  
 Title / Position \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Firm Address \_\_\_\_\_  
 Pin: \_\_\_\_\_

DETAILS OF STUDY AT CEG

	BRANCH	YEAR
B.E. :	_____	_____
M.E./M.Sc./MCA. :	_____	_____
Ph.D/M.Phil. :	_____	_____
MBA :	_____	_____

MEMBERSHIP SUBSCRIPTION\* Donor / Associate Rs. 2000/-

\* Crossed Cheque to be drawn in favour of ALUMNI Association, College of Engineering, Guindy, Chennai - 600 025. Please add Rs.25/- for outstation cheques

AMOUNT PAID WITH APPLICATION Rs. \_\_\_\_\_  
 (Rupees.....only)

DD / CHEQUE DETAILS Bank : \_\_\_\_\_ Branch : \_\_\_\_\_  
 Cheque No. : \_\_\_\_\_ Date : \_\_\_\_\_

I hereby make application for membership in ALUMNI ASSOCIATION and if approved and admitted, I shall be governed by ALUMNI ASSOCIATION'S Rules, Regulations and Procedures as a full fledged member.

Date : \_\_\_\_\_ Full Signature of applicant : \_\_\_\_\_

### FOR OFFICE USE ONLY

PRESIDENT
SECRETARY
TREASURER