

M.B. COMMERCE ALUMNI

Membership Form

Photo

1. Name : _____
2. Father's/Husband's name : _____
3. Qualification : _____
4. Details of (i) passing out from : _____
M.B.College/SBSH/UCCMS
(For voting life membership).
(ii) Presently serving/formerly served : _____
as Faculty M.B.College/SBSH/UCCMS
(For honorary life membership).

5. Details of past/present employment:

| S.No. | Position held | Institution | Year |
|-------|---------------|-------------|------|
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6. Details of fee payment (in case of voting life member):

Demand Draft No..... dated.....for Rs.5000.00 in favour of Dean,
UCCMS, Udaipur

OR

Details of online payment made in account of Dean, UCCMS S.B. Account
No.693901421690, IFSC Code ICIC0006939, ICICI Bank, RCA Branch, Udaipur
dated....., transaction id.....for Rs.5000.00.

Declaration

I request for life membership/honorary life membership of M.B. Commerce Alumni and hereby agree to abide by its constitution.

Date _____
Place _____

Signature _____
Name _____

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