**KIMS COLLEGE OF NURSING, THIRUVANANTHAPURAM**

**KIMS Alumini Association**

**Application for Enrollment as Life Member**

|  |  |
| --- | --- |
| Name of the applicant | \_ |
| Age | \_ |
| Official Addres | \_ |
| Residential address | \_ |
| Email id | \_ |
| Telephone No | \_ |
| Mobile No | \_ |
| Present occupation/ Job title | \_ |
| Course of study | \_ |
| Batch and Year of Study | \_ |
| Year of Graduation | \_ |

S

 I, declare that I have read the bye-law of the Alumini Association and agree to abide by the same

Place: Signature of the Applicant

Date:

 Signature of the Enroller