



# SHAH GOVERDHANLAL KABRA TEACHERS' COLLEGE (C.T.E.)

Near Geeta Bhawan, Umaid Hospital Road, Jodhpur (Raj.)

Phone : (0291) - 2632851, Fax : (0291) - 2637323

e-mail : sgktc@yahoo.com, Website : www.sgktc.org

## APPLICATION FORM FOR MEMBERSHIP

AFFIX  
YOUR LATEST  
PHOTOGRAPH  
HERE

To,

The Honorary Secretary  
Shah Goverdhanlal Kabra Teachers' College (C.T.E.) Alumni Association  
Jodhpur

Dear Sir,

I wish to become a Member of the **Shah Goverdhanlal Kabra Teachers' College (C.T.E.) Alumni Association**. The details of myself are as under :-

1. NAME : \_\_\_\_\_
2. YEAR OF ADMISSION : \_\_\_\_\_ SESSION : \_\_\_\_\_
3. COURSE DONE  :  Ph.D.(Edu.)  M.Ed.(Regular)  M.Ed.(Part-Time)  B.Ed.(Regular)  B.Ed.(Vacation)  B.Ed.(Special Course)
4. ADDITIONAL QUALIFICATIONS : \_\_\_\_\_
5. PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_
- MOBILE : \_\_\_\_\_ PHONE NO. WITH STD CODE : \_\_\_\_\_
6. OFFICE ADDRESS : \_\_\_\_\_  
\_\_\_\_\_
- PHONE NO. WITH STD CODE : \_\_\_\_\_ FAX \_\_\_\_\_
7. DESIGNATION : \_\_\_\_\_
8. E-MAIL ADDRESS : \_\_\_\_\_
9. TEACHING :  GOVT.  AIDED  PRIVATE  ANY OTHER \_\_\_\_\_

I am enclosing herewith a Draft/Cash/Online Payment of Rs. \_\_\_\_\_ towards the subscription fee bearing Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ payable at Jodhpur drawn in favour of **Shah Goverdhanlal Kabra Teachers' College (C.T.E.) Alumni Association**. Kindly accept my application and enroll me as Member.

I also further wish to undertake the declaration and agree to further its aim and objectives, and shall abide by its constitution, rules and regulations.

DATE : \_\_\_\_\_ PLACE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

1. Please fill up the Application form carefully and neatly in CAPITAL LETTERS.
2. Membership fee is Rs. 350/-.
3. Every member shall be informed with his/her membership number.
4. Kindly intimate immediately for any change in the information/address.
5. For Online Payment, see details on college website, under menu - '**Alumni**'.

### FOR OFFICE USE ONLY

Membership No. \_\_\_\_\_/\_\_\_\_\_  
The above application for Membership is accepted and Membership No. is give as above.

Hony. Secretary/Treasurer



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## ALUMNI ASSOCIATION

Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Year of Admission : \_\_\_\_\_ Year of Pass Out : \_\_\_\_\_

Present Status : \_\_\_\_\_

Achievements : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**