



DR. C.V. RAMAN UNIVERSITY

Bihar, Vaishali AN AISECT GROUP UNIVERSITY

Approved by : AICTE, New Delhi Recognized by : UGC

Alumni Registration Form

Name of the Candidate: _____

Passed Out Year: _____ Course / Stream: _____

Email ID: _____

Mobile No.: _____ Alternate No. (If Any): _____

Father's Name: _____ Mother's Name: _____

Present Address: _____

Permanent Address: _____

Currently Working with (Organization Name): _____

Designation / Post: _____ Job Location (City Only): _____

Current per annum salary (Optional): _____

I am interested to join Alumni Association of DR. C. V. Raman University as an active member and try to give my inputs as and when required for the betterment of students of CVRU.

Candidate Signature