



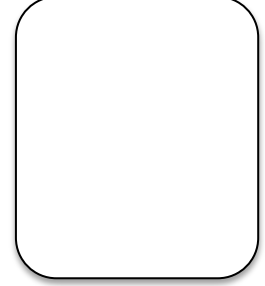
SVSMD'S KKI Polytechnic, Alumni Association Akkalkot



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ALUMNUS REGISTRATION FORM

(CO/EJ/CE/ME)



Name of Student : _____

Enrollment No : _____ Date of Birth : _____ Branch : _____

Email ID: _____ Mobile No : _____

Permanent Address : _____

Statement of Marks :

Sr. No.	Year of Passing	Odd Sem	Even Sem	Aggregate
First year				
Second year				
Third year				

Future Plan :

Signature of Student