



Shiksha Mandal's
Bajaj College of Science, Wardha
Alumni Association



Email: bscwardhalumni@gmail.com

Contact No.: 07152 241696

Registration Form

1. First name: Middle name:..... Surname:

2. Sex - Male /Female (Tick ✓)

3. Educational Qualification:

4. Year of passing : HSC B.Sc. M. Sc.

5. Group of Subject of last degree (ex. CBZ, PCM) :

6. Present Occupation : Buisness / Service:

Buisness : Type –

Service: Post –

7. Mobile Number :

8. Email address:

9. Residential Address:

10. Office Address:

11. In which activities you would like to contribute:

12. Your expectation from College:

Date:

Signature