

FORMAT FOR ENROLLMENT TO ALUMNI ASSOCIATION

DIRECTORATE OF DISTANCE EDUCATION

KUVEMPUNIVERSITY

NAME OF THE CANDIDATE	
NAME OF THE COURSE	
YEAR OF COMPLETION	
REGISTRATION NUMBER (8 digit alphanumerical)	
NAME OF THE STUDENT COUNSELING CENTER	
PRESENT POSITION	
PRESENT ADDRESS IN FULL TELEPHONE NO. CELL / LANDLINE NO. E-MAIL ID	
PERMANENT ADDRESS (if other than the above)	

Place:

Date:

Signature of the Alumni

For Office Use Only	
Received on:	
Tentative Enrolment Number:	

Officer-In-Charge