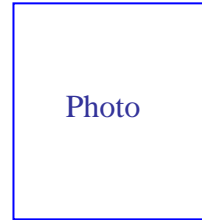


**CCS HAU ALUMNI ASSOCIATION
DIRECTORATE OF STUDENTS' WELFARE
CCS HAU HISAR, Haryana (India)**

APPLICATION FORM FOR MEMBERSHIP

(For Graduates/Post Graduates/
Ph.D. from CCSHAU Only)



1. Name of the Alumni : _____
2. Postal Address : _____

- Phone _____
Mobile _____
3. Permanent Home Address _____

- Phone _____
Mobile _____
4. E-mail _____
5. Year in which last degree received
i) Year _____
ii) Degree/College _____
iii) Admn. No. _____
6. Present occupation _____
(with designation & organization)
7. Name & occupation of spouse _____
8. Any other information your wish to provide _____

9. Details of subscription i) DD No. _____
(Membership Fee Rs. 500/-) Date _____
Payable at Hisar in the name of CCSHAU Alumni
Association
ii) Cheque (add collection charges @ 30/-)
iii) Cash _____ Receipt No. _____

Dated :

Signature

Send to :
The Executive Secretary,
CCSHAU Alumni Association, Directorate of Students' welfare,
CCSHAU, Hisar - 125 004 (India) E-mail : alumni@hau.ernet.in