

MOTILAL NEHRU PUBLIC SCHOOL
ALUMNI ASSOCIATION
JAMSHEDPUR

REGISTRATION FORM

FORM NO. _____

(To be filled in block letters)

NAME*: _____

Admission No.*: _____ BATCH _____

Permanent Address*: _____

Email Id*: _____

Contact No * : _____

Why do you want join Alumni Association ?

Why do you want to join Alumni Association?

Any suggestion or comment :-

Any Event / Workshop/Competition you want to be organized by Alumni Association and Why?

NOTE. * Mandatory