ALUMNI ASSOCIATION
KARVE INSTITUTE OF SOCIAL SERVICE

Secretariat: C/o Karve Institute of Social Service, 18, Hillside, Karvenagar, Pune-52
Phone: 020-65007565 / 66 email: kinss@pn3.vsnl.net.in
Website: **www.karve-institute.org** Email: kinss.alumni@gmail.com

Please paste Your latest photograph

MEMBERSHIP REGISTRATION FORM

Name In Capital Letters			
	First name	Middle Name	Surname

Maiden Name In case of female students			

Address for Communication	**Flat No. /Building No./ Name:**		
	Area Name:		
	Street name:		
	City:	**Post office:**	**State :**
	Pin code:		
Telephone Numbers	**Residence Phone**	**Office Phone**	
Mobile No:		**Email ID:**	

Year of Passing/ Batch		**Specialization**	**FCW / MPSW / URVD / LWPMIR (HRM)**

Present Employment Details	**Organization name**	**Address**	**Designation**

Your suggestions if any and in what way you can contribute for institutional development:……
……
……
……
……
……
Special achievements:……

Any other details :……

Place: …….…….…. Date: …… Signature: ……...

(Kindly send Rs. 100/- cash/ DD, in the name of Secretary, KIPSWA, as a registration fee along with this form, at college address or send it through email. Please refer website to download the registration form.)

Receipt number: …….. Date: …….…… Signature of the receiver: ……