ALMUNI REGISTRATION FORM

GOVT. POLYTECHNIC COLLEGE.

Tikamgarh

Note (*) Mandatory Field

First Name *	
Last Name*	
Gender * (Male/Female)	
Address*	
City*	
State*	
Pin code	
Primary E-mail ID	
Phone/ Mobile*	
Branch/Discipline*	
Year of Passing*	
Current Professional Status*	
Company/Organization	
Suggestion	

Signature of Candidate

Please send your alumni registration form by post / e-mail