

**KAMLA LOHTIA SD COLLEGE**  
DARESI ROAD, SUBHASH NAGAR, LUDHIANA - 141008  
PHONE: (+91)-161-2745688, (+91)-9876948001  
EMAIL : [contact@klsdcollege.org](mailto:contact@klsdcollege.org)

**ALUMNI ASSOCIATION MEMBERSHIP FORM**

Please enroll me as a founder / ordinary member of the association.

**(Please attach one additional passport size photograph)**

Paste your  
latest passport  
size photo  
here

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality \_\_\_\_\_ If NRI, then mention country \_\_\_\_\_

Occupation with address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail, if any: \_\_\_\_\_

**Association with KAMLA LOHTIA SD COLLEGE** (Please attach a copy of the last degree obtained):

i) Course (UG): \_\_\_\_\_ BATCH \_\_\_\_\_

ii) Course:(PG) / Any other \_\_\_\_\_ BATCH \_\_\_\_\_

**FEE DETAILS**

Cash/Cheque/Draft No.: \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_ Drawn on \_\_\_\_\_

in favour of **PRINCIPAL, KAMLA LOHTIA SD COLLEGE, LUDHIANA**

Signature of the Alumni

**ALLOWED / DISALLOWED**

**ALUMNI INCHARGE**

**PRINCIPAL**

**For office use**

Received a sum of Rs. \_\_\_\_\_ From \_\_\_\_\_ dated \_\_\_\_\_

through: \_\_\_\_\_ cash/ cheque/Draft . \_\_\_\_\_ dated \_\_\_\_\_

Entered in Roster of Alumni at number: \_\_\_\_\_

Signature of Concerned Official