

**Alumni information form**

Year of passing		Branch :	
Registration No.			
Roll No			

SL.No.	Question	Your answer
1	Name of your present organisation	
2	Designation	
3	Field of specialization	
4	Present Salary	
5	Interested in Industry institute partnership?	
6	Place of posting	

Name :

Signature :

Please fillup, sign and send the scan copy to us at - [agpgov@gmail.com](mailto:agpgov@gmail.com)