

REGISTRATION FORM

GURU GHASIDAS VISHWAVIDYALAYA ALUMNI ASSOCIATION (GGVAA), BILASPUR, CHHATTISGARH

Paste
Passport
Photograph

Name:

Sex (Male/ Female):

Course Completed from GGV:

Ph.D/M.Phil./PG/UG/Diploma/Certificate:

Any Other (please mention):

Year of completion (Last Course):

Employment Details:

Current status:

- a. Employed in Organisation/ Institution/NGO
- b. Self Employed:
- c. Student/Scholar:
- d. None of the above:

**Name of the Organisation/
Institution/NGO:**

Designation:

Communication Correspondence:

(Provide the details of City, State, Country,
Pincode/zip code, including the website etc.):

Permanent Address:

(Provide the details of City, State, Country, Pincode/zip code, including the website etc.):

Tel. No. (Office):

Tel. No. (Residence):

Mobile:

Fax:

email: (official)

email: (Personal)

Association with GGV:

- a. Student
- b. Student and Faculty (Both)
- d. Others (specify)

Any other relevant information:

Date:

Place:

Note: The filled registration form can be furnished on the following mail/email address:

Mail Address:

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