

[Membership Registration Form](#)

KVS Alumni Association
Membership Registration Form

Name	
Sex	
Last KV attended	
Year in which passed out from KV	
No. of years studied in KVs	

Residential Address

House / Flat no.	
Name of Building	
Street / Road	
City	
District	
State	
Pin Code	
Phone No(s)	
E-mail Address	

If still studying

Institution / University	
Course	
Year	

Educational / Professional Qualification Acquired

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Employment Information

Post / Designation	
Section / Division / Wing	
Office / Organisation / Company	

Work Address

Building / Plot no.	
Name of Building	
Street / Road	
City	
District	
State	
Pin Code	
Phone No(s)	
FAX No.	
E-mail Address	

Any other information about yourself you would like to share with us

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