

ALUMNI ASSOCIATION OF EDUCATION, BHU

Faculty of Education, Kamachha, B.H.U., Varanasi-10



Membership- Form



PHOTO

1. Full Name(Block letters): _____
2. Father's/Mother's/Husband's Name: _____
3. Permanent Home Address: _____

- Phone No(O): _____ (R) _____ (fax) _____ (email) _____
4. Address For Correspondence: _____

- Phone No(O): _____ (R) _____ (fax) _____ (email) _____
5. Educational Qualification (Degree with Subject): _____
6. Date/ Year of joining the Faculty as Faculty Member _____
 B.Ed. B.Ed. (Spl). M.Ed. M.Ed.(Spl) Research Scholar _____
7. Date/ Year of Leaving the Faculty _____
8. Present Employment (Post & place of Employment) _____

9. Marital Status (Married/ Unmarried) _____
10. Membership (Life/ Annual): _____ w.e.f. _____ To _____
11. Membership Fee: _____ Rs. 500/- (Life)** _____ Rs.100/- (Annual) _____

Mode of payment:

Cash or A/c payee draft in favour of Alumni Association of Education, BHU, Kamachha Varanasi-10

** Rs. 250/- for current batch B.Ed./ B.Ed. (spl)/ M.Ed./ M.Ed.(Spl)/Research scholars with no Fellowship

Date: _____

Signature: _____

For Office use only

Registration No. AAE/ _____ dated _____ amount Rs. _____

Received by _____

Signature