

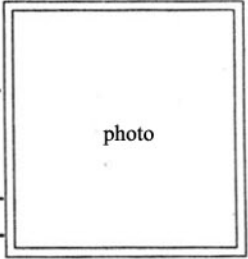


Don Bosco Alumni IJK

BANGALORE PROVINCIAL FEDERATION
DON BOSCO SCHOOLS, IRINJALAKUDA - 680121

Life Enrollment Form

1. Membership Number : _____
2. Name : _____
(First Name) (Middle Name) Last Name
3. Address
A. Residential Address _____
B. Office address _____
4. Address for Communication Please Tick as applicable A or B
5. Phone Number :
a) Residential : (i) _____ (ii) _____
b) Office : (i) _____ (ii) _____
c) Mobile _____ email _____
6. Year of Leaving School : _____
5. Present Occupation : _____
Present Employer with Address (if applicable) _____
7. Date of Birth _____
MM DD YY
8. Date of Marriage :
(if applicable) _____
MM DD YY
9. Name of Spouse : _____
(if applicable) (First Name) (Middle Name)
10. Blood Group : _____ RH Factor : (Positive /Negative)
(Self) (Strike out the wrong one)
11. Children : (i) _____
(if applicable) First Name (Middle Name)
(ii) _____
First Name (Middle Name)
12. Name of Other Club or Clubs / Association or Associations associated with (if any) : _____
13. Hobbies (Specify) : _____
14. Motive : _____
15. Name of Proposer _____ Signature of Proposer _____ Mem. No. _____
16. I, _____ hereby request to be enrolled as an Life Member of the Indian National Federation of the past Pupils of Don Bosco, Irinjalakuda Unit and agree to pay the life subscription membership of Rs. _____, I also agree to abide by the rules and regulations of the Association.



Date _____

Signature _____

Passed in the Committee meeting held on _____

Secretary _____