FORM NO. ……………..

**SHERWOOD EDUCATIONAL GROUP**

**ALUMNI MEMBERSHIP FORM**

**Alumnus of SCM/SCPM/SCERT/SBS/SCP/Sherwood Academy: ……………………………………………**

|  |  |
| --- | --- |
| **A** | **PERSONAL INFORMATION**Affix your recent passport size photograph |
| 1 | Name |  |
| 2 | Father’s Name |  |
| 3 | Permanent Address |  |
| 4 | Contact Address |  |
| 5 | Date of Birth  |  |
| 6 | Sex: (Male/ Female) |  |
| 7 | Telephone Contact/s | Mobile: Landline :  | Email:  |
| **B** | **EDUCATION** |
| 1 | Name of the College |  |
| 2 | SEG Student Enrollment No.  |  |
| 3 | Course | Session | Year | Division |
| I. |  |  |  |
| II. |  |  |  |
| 4 | Did you live | On-campus | Off campus |
| 5 | Is any member of your family doing any course at SEG, If yes, name of the college | Yes |  |
| 6 | If yes, please tick appropriately and list names: 1234 | Siblings | Other relatives |

|  |  |
| --- | --- |
| **C** | **Employment History** |
| 1 | Are you currently employed | Yes  | No |
| 2 | Employment DatesFrom To | Type of Industry | Position(s) Held |
|  |  |  |
|  |  |  |
|  |  |  |
| 3 | Major Accomplishments (Brief description)  |
| **D** | **YOUR BIOGRAPHY** |
| 1 | Please supply a brief biography in the space provided (Attach separate sheet if required)  |
| **E** | **Details of Alumni Fees** Rs. ……….….. (In words………………………….……………...through Cash/Cheques/ DD/Adjusted WCM No…………………………..dated ……………….…..Bank…………………….…….……………..………… |
| *Please send completed Alumni Membership Form to:* |
|  | **For Lucknow Campus**The RegistrarSherwood CampusSector 25, Indira Nagar, Lucknow-226 016Fax No. 0522-2716526email : alumni@sherwoodindia.in | **For Barabanki Campus**The RegistrarSherwood Educational CampusNear Safedabad Railway CrossingLucknow-Faizabad Road,Barabanki-225 003Fax No: 05248-2227612, 10email: alumni@sherwoodindia.in  |