



Dr. Harisingh Gour Vishwavidyalaya, Sagar – 470003 M.P.  
(A Central University)

Dr. Harisingh Gour Vishwavidyalaya Alumni Association, Sagar  
**LIFE MEMBERSHIP APPLICATION - FORM**

Recent  
Passport  
size  
Photograph

1. Name : \_\_\_\_\_
2. Date of Birth and Age : \_\_\_\_\_
3. Degree / Year of Passing : \_\_\_\_\_  
*(Please enclose copy of the degree/marksheet)*
4. Higher Studies (if any) : \_\_\_\_\_
5. Marital Status : \_\_\_\_\_
6. Present Address : \_\_\_\_\_
7. Permanent Address : \_\_\_\_\_
8. Contact Number : Mobile \_\_\_\_\_ Landline (if any) \_\_\_\_\_
9. e-mail address : \_\_\_\_\_
10. Present Employment : \_\_\_\_\_
11. Present Position / Designation : \_\_\_\_\_
12. Any other information wish to share : \_\_\_\_\_
13. Mode of Payment : Cheque  Demand Draft  Online

*(Life Membership Fee*

*Rs. 2000=00 Rupees Two Thousand Only)*

1. Cheque/Demand Draft in favour of Dr. Harisingh Gour Vishwavidyalaya Alumni Association, Sagar
2. For Online Transfer Account No. 32650429226, SBI, University Branch, Sagar, IFSC Code SBIN0001143  
*(Please enclose Receipt).*

Place : .....

Date : .....

Signature

**For office Use Only**

Received Rs. 2000=00 (Rupees Two Thousand only) as Life Membership fee from \_\_\_\_\_  
by Cheque/DD/Online transfer. Bank \_\_\_\_\_ Branch \_\_\_\_\_ No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of office Assistant

**RECEIPT**

Received with thanks an application form for Life Membership of Dr. Harisingh Gour Vishwavidyalaya Alumni Association, Sagar along with Cheque/Bank Draft/Online receipt No. \_\_\_\_\_ date \_\_\_\_\_ Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

Signature with date

Name \_\_\_\_\_