



KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY
ALUMNI ASSOCIATION

MEMBERSHIP FORM

1. Name:
2. Sex:
3. DOB:
4. Nationality:
5. Programme passed:
6. Year of passing:
7. Enrollment No:
8. Permanent Address:
9. Communication Address:
10. Email:
11. Phone no:
12. Present Occupation (if any):
- Designation and address of the institution:
13. Any achievement (personal/ social):
14. Any suggestion for the future development of this University:
.....
15. Self-attested copy of KKHSOU Pass Certificate

Please attach
your photograph

Date:

Signature of the Applicant

For office use

The applicant may be enrolled as a Member of the Association.

Membership No.

Convener

Registrar

Kindly fill up the form and submit it to below mention address:

To

THE REGISTRAR
KKHSOU, HOUSEFED COMPLEX, LAST GATE,
DISPUR, GUWAHATI 781006, ASSAM, INDIA

or you can Email it at : alumni@kkhsou.in