

# H. L. COLLEGE ALUMNI ASSOCIATION



## SPOUSE (WIFE / HUSBAND)

NAME (MR./MISS/MRS.) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-MAIL ID. \_\_\_\_\_ PIN CODE [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 PHONE OFFICE [ ][ ][ ][ ][ ][ ][ ][ ][ ] RESI: [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 MOBILE [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 DATE OF BIRTH [ ][ ][ ][ ][ ][ ][ ][ ][ ]

ACADEMIC QUALIFICATION (In India)  
 B.COM  M.COM.  LL.B.  CA.   
 I.C.W.A.  M.B.A.  C.S.  PH.D.   
 I.A.S.  M.C.A.  B.C.A.  B.B.A.   
 ANY OHTER

(Abroad)  
 PRESENT OCCUPATION BUSINESS  INDUSTRY  PROFESSION  SERVICE   
 AGRICULTURE  RETIRED  HOUSEWIFE   
 ANYOTHER (PLEASE SPECIFY) \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY \_\_\_\_\_ PIN CODE [ ][ ][ ][ ][ ][ ][ ][ ][ ]

I AM INTERESTED TO TAKE PART IN THE MANAGEMENT OF THE ASSOCIATION YES  NO

I WAS  / AM INTERESTED IN

(A) PLAYING CRICKET  FOOTBALL  BADMINTON  TENNIS   
 BASKET BALL  VOLLEY BALL  TABLE TENNIS

(B) PARTICIPATING IN DEBATE  MUSIC  DRAMA  SINGING  DANCE

BLOOD GROUP [ ][ ][ ][ ][ ][ ][ ][ ][ ]

SIGNATURE \_\_\_\_\_ DATE [ ][ ][ ][ ][ ][ ][ ][ ][ ]

OFFICE : H. L. COLLEGE, (LATE) PRIN. S. V. DESAI ROAD, NAVRANGPURA, AHMEDABAD-9.  
 Ph. : 65122083 E-mail : info@hlcollegealumni.org, hlcaassociation@yahoo.co.in Web : www.hlcollegealumni.org  
 TIME : 10.00 A.M. TO 11.00 A.M. MONDAY TO SATURDAY  
 - TWO STAMP SIZE PHOTO OF YOURSELF & YOUR SPOUSE (IF APPLICABLE)  
 - ZEROX COPY OF MARKSHEET

**FOR OFFICE USE ONLY**  
 Provisional Receipt issued by

Sign. \_\_\_\_\_  
 Name \_\_\_\_\_  
 M. No. \_\_\_\_\_  
 Fee Received Rs. \_\_\_\_\_ by \_\_\_\_\_  
 Cash/  
 Cheque No. \_\_\_\_\_ Dt. \_\_\_\_\_  
 drawn on \_\_\_\_\_

Receipt No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Date of Receipt [ ][ ][ ][ ][ ][ ][ ][ ][ ]

SIGNATURE \_\_\_\_\_  
 Membership accepted vide Board  
 Resolution No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

SIGNATURE \_\_\_\_\_  
 Date [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Address change \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel. change \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date when changed \_\_\_\_\_

## H. L. COLLEGE ALUMNI ASSOCIATION PROVISIONAL RECEIPT

Form \_\_\_\_\_ No. \_\_\_\_\_

Fee Received Rs. \_\_\_\_\_  
 by \_\_\_\_\_

Received with thanks from \_\_\_\_\_  
 \_\_\_\_\_  
 Rs. \_\_\_\_\_  
 Rs. (In words) \_\_\_\_\_

by cash/cheque No. \_\_\_\_\_  
 Dt. \_\_\_\_\_ Drawn on \_\_\_\_\_  
 \_\_\_\_\_  
 being Life Time  
 Membership Fee. \_\_\_\_\_

Sign. \_\_\_\_\_  
 Name \_\_\_\_\_  
 M. No. \_\_\_\_\_

# H. L. COLLEGE ALUMNI ASSOCIATION



## MEMBERSHIP FORM

NAME (MR./MISS/MRS.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ID. \_\_\_\_\_

PHONE OFFICE \_\_\_\_\_

MOBILE \_\_\_\_\_

YEAR OF JOINING COLLEGE \_\_\_\_\_

YEAR OF LEAVING H. L. COLLEGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ACADEMIC

QUALIFICATION

(In India)

(Abroad)

COLLEGE

PRESENT OCCUPATION

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

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BLOOD GROUP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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FORM NO. \_\_\_\_\_

MEMBERSHIP NO. \_\_\_\_\_

ALL ENTRIES TO BE MADE IN BLOCK LETTERS

PROPOSED BY

Sign. \_\_\_\_\_

Name \_\_\_\_\_

M. No. \_\_\_\_\_

GUIDELINES

Any person who was a student of H. L. Institutions is eligible for membership of the H. L. College Alumni Association.

Board reserves the right to reject any application without assigning any reason thereof.

Life Time Membership fee is Rs. 1000/-

The Proposer must be a member of the Association.

The Applicant should insist for provisional receipt while paying membership fees.

(P.T.O.)