

**Regional Institute of English**

Chandigarh Administration

Sector 32 C, Chandigarh

**Registration Form for Alumni Association**

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Pass out Course: \_\_\_\_\_ Batch & Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email-ID: \_\_\_\_\_

Present Occupation (with Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**(For Office Use Only)**

Fee Receipt No.: \_\_\_\_\_ Alumni Registration No.: \_\_\_\_\_

*Verified with the Institute record*

*Allowed to Register*

**Alumni Association Coordinator, RIE**

**Director, RIE**



**Affix your  
Recent  
Passport Size  
Photo**