



DEEPSHIKHA

Institute for Child Development and Mental Health, Ranchi

Alumni Registration Form

Year: 2012-13

Name of Alumni: _____

Father's Name : _____

Date of Birth : _____

Course Completed : _____

Session : _____

Year of Passing : _____

Postal Address : _____

Permanent Address : _____

Email ID : _____ Mobile No. : _____

Currently Working with -

Name of Agency : _____ Designation : _____

Year of Experience : _____

Registration Fees Rs. 500/- Paid in favor of DeepshikhaDMR, payable at Ranchi or through cash.

Signature of Alumni

Signature of Academic Director

**Paste Recent
Good Quality
Passport Size
Color Photo**