**College Alumni Association of Basic Sciences (CAABS),**

**CSKHPKV, Palampur–176 062 (H.P.)**

**LIFE MEMBERSHIP FORM**

Space for

Photograph

1. Name:

2. Father’s/Husband Name:

3. Permanent Address:

4. Date of Birth:

5. Aadhar No.:

6. Present Occupation with address of organization:

7. Mobile No.:

8. Email ID:

9. Name of Degree completed from College of Basic Sciences along with year of completion:

10. Participation in sports/extra co-curricular activities at COBS:

11. Life membership Fee (Rs. 1000) Transaction no. (For Online payment only)

Signature

**FOR OFFICE USE ONLY**

Membership Fee paid vide Receipt No. Dated:

Life Membership No.:

Signature