

**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

*Send this form to alumniobs@yahoo.com