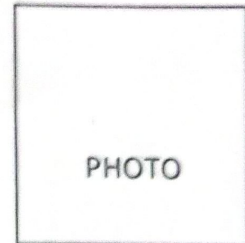


**VAISH COLLEGE, ROHTAK**  
**ALUMNI REGISTRATION FORM**



**Name** \_\_\_\_\_

**Father Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Contact Number (Whatsapp)** \_\_\_\_\_

**Alternate Contact Number** \_\_\_\_\_

**Correspondence Address** \_\_\_\_\_

**Session/Year of Admission** \_\_\_\_\_

**Stream (B.A./B.Com./B.Sc./PG)** \_\_\_\_\_

**Nature of current job / Occupation** \_\_\_\_\_

**Email** \_\_\_\_\_

**Your last visit in the college (Date)** \_\_\_\_\_