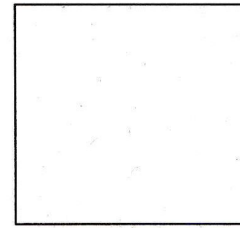




**G.M.N.PUBLIC SCHOOL
AMBALA CANTT
ALUMNI ASSOCIATION
Registration Form**



Name_____ Batch_____

Father's Name_____ Mother's Name_____

Address_____

Mob.No_____ Email-Id_____

Date of Birth_____ Blood Group_____

Qualification_____

Occupation/Designation/Position/Profession_____

Spouse Name_____

Occupation/Designation/Position/Profession_____

Mob.No_____ Email-Id_____

Blood Group_____ Date of Marriage Anniversary_____

Date:.....

.....

(Full signature of the applicant)