

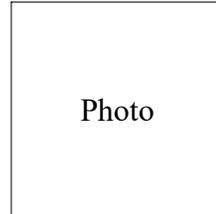
Alumni Association of Walchand College of Arts & Science, Solapur

Seth Walchand Hirachand Marg, Ashok Chowk,
Solapur- 413 006

Telephone :- 0217-2651863, 2651185

E-mail : principalwcas@yahoo.co.in, Website : wcassolapur.org

Alumni Association Membership Form



- 1) Full Name of Alumni (Capital Letters with surname first)
A) Former : _____
B) Present : _____
- 2) Present residential address _____ 3) Office address _____

- 3) Telephone Numbers :
Resi : _____
Office : _____
Cell : _____
- 4) E-mail : _____
- 5) Date of Birth : _____ 6) Material Status : Married/ Unmarried
- 7) Qualification : i) Academic : _____
ii) Professional : _____
- 8) Present occupation/ designation : _____
- 9) H.S.C./ Degree obtained from this College : _____
- 10) Any Special Accomplishment (s) : _____

- 11) Your future contribution to College : _____

Membership option :

Life Member Fresh graduate Member

Payable Cash Cheque D. D. Online

Nature :

Cheque No. / D.D.No.	Name of the Bank	Branch	Amount

For Online Transaction

Name of Bank and branch : Bank of Maharashtra
New Pachha Peth,
Dattanagar Road,
Ashok Chowk,
Solapur.

Account Number : 60096165769

IFSC Code : MAHB0000930

Place : _____ Date : _____ Signature : _____

For Office Use

Membership No.:

Secretary

Remark:

Please send the complete form to above mentioned College Address.

Ref. by.