



REMAL PUBLIC SCHOOL ALUMNI ASSOCIATION

SEC. III, ROHINI, DELHI 110085

47512000, 47512024

REGISTRATION FORM

S.NO. _____ DATE _____

NAME OF THE ALUMNI _____

ADDRESS _____

PHONE NO.(R) _____ MOBILE _____

BATCH _____ D.O.B. _____

MARITAL STATUS:MARRIED/UNMARRIED

NAME OF SPOUSE _____ OCCUPATION _____

CHILDREN _____ STUDYING IN WHICH SCHOOL _____

QUALIFICATION _____

PRESENTLY WORKING/ STUDYING AT _____

DESIGNATION _____

EMAIL ADDRESS _____

SIGNATURE OF THE ALUMNI

**NOTE: PLEASE PROVIDE YOUR PHOTOGRAPH AND VISITING CARD.
SEND THIS FORM BY MAIL TO remalps@yahoo.com**