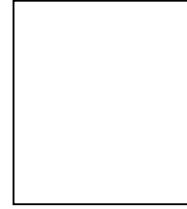


PADMASHREE DR. D. Y. PATIL UNIVERSITY
NAVI MUMBAI

PDDYPU ALUMNI ASSOCIATION

MEMBERSHIP FORM



Name: _____

Degree obtained from PDDYPU:

UG Branch Year College/Dept

PG Branch Year College/Dept

Ph.D Branch Year College/Dept

Any other Degree (with University) : _____

Awards / Distinctions : _____

Present Organization : _____

Address : _____

Office : _____ Residence : _____

Phone : _____

Fax : _____ E-mail : _____

Web-site URL : _____

I am enclosing herewith a Demand Draft/Cash towards the Registration drawn in favour of **Padmashree Dr. D.Y. Patil University**, Navi Mumbai bearing no. _____ dated _____ for Rs. 100/-

(Applicant's Signature)