

## **REGISTRATION FOR AI umni**

(FILL ALL DATA IN CAPITAL LETTERS ONLY)

CANDIDATE NAME:	(SURNAME)	(FIRST NAME)	(MIDDLE NAME)
MOTHER'S NAME:	Y - EN	GIAL	
GENDER:	. OF L	DATE OF BIRTH:	
NATIONALITY:			
YEAR OF ADMISSION:	1	YEAR OF PASSING:	
BRANCH:	- 5 5	N(4)	6
RESIDENTIAL ADDRESS:		教	80
CONTACT NO. 1:	103	CONTACT NO. 2:	Ш
E - MAIL:	553	March 1	6
WORKING	NAME OF COMPAN	Y:	
STUDYING	NAME OF INSTITUT	E:	67)

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL

DATE:

OF INSTITUTE

PLACE: