



USTM ALUMNI ASSOCIATION

Techno City, Khanapara, Kling Road, Baridua, 9th Mile, Ri-Bhoi, Meghalaya-793101

E-mail: ustmalumniconnect@ustm.ac.in



Membership Form

Name : _____

Date of Birth : / / Gender: Male Female others

Address of Communication : _____

Permanent Address : _____

E-Mail : _____

Mobile No : _____ WhatsApp No : _____

Program Studied at USTM : _____

Year of Passing : _____ Roll No.: _____

Present Occupation, if any (with Designation and Organization name):

Are you interested to put forward your candidature for various positions in the Association (to be elected) – Yes/ No

Have you deposited the Registration fee : Yes No If yes mention Amount

Have you contributed for any other welfare activities under Alumni Association:

Yes No If yes mention Amount

Suggestions for the Alumni Association

Date :

Signature