

**JAI HIND COLLEGE
BASANTSING INSTITUTE OF SCIENCE
&
J. T. LALVANI COLLEGE OF COMMERCE**

**ALUMNI ASSOCIATION
<http://www.jaihindalumni.com>**

ELIGIBILITY

Membership of the Association shall be open to any past student of Jai Hind College, Mumbai, who has kept terms for not less than one academic year, and whose name is not on the current rolls of the students of the College still studying for graduation.

MEMBERSHIP CATEGORIES

Local Students

There shall be three categories of Members of Association namely,

1. **A Life Member** - who shall subscribe Rs.3000 in one lump sum.
2. **Couple / Family (life member)** - who shall subscribe Rs.5000 in one lump sum; every additional (third) member shall subscribe Rs.2000.
3. **A Patron** - who shall subscribe a lump sum of Rs.25000.

MEMBERSHIP PROCEDURE

- a. Cheques to be drawn in favour of “**Alumni Association - Jai Hind College**”.
- b. Membership shall be considered for the eligible person on making an application in the prescribed form and on payment of prescribed subscription.
- c. Member admitted to the Association shall have full voting rights.
- d. Please retain this page with you

Sd/-

ALUMNI ASSOCIATION
APPLICATION FOR MEMBERSHIP

Secretary Alumni Association

The Secretary
Jai Hind College Alumni Association,
Basantsing Institute of Science &
J.T. Lalvani College of Commerce,
'A' Road, Churchgate, Mumbai - 400020

Dear Sir,

I / We wish to apply for Life / Couple-Family/ Patron * Membership of Association.

Required particulars have been furnished overleaf.

I / We agree to abide by the Memorandum of Association / Constitution and the bye-laws / rules, of the Association.

Enclosed is the Life / Couple-Family / Patron * Membership fee amount
_____ in \$ U.S. / Rs.

(* Delete two of three categories and one currency as desired)

Thank you,

Yours sincerely,

Signature

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P E R S O N A L - D E T A I L S

Photograph

Name: _____
(Prefix) (First) (Middle) (Last)

Date of Birth: _____

Studied at Jai Hind College: From Year _____ To Year _____
Stream _____ Passed _____

Sex: _____ **Marital Status:** _____ **No. Of Children:** _____

Permanent Address: _____

(city) (pin code) (state) (country)

Current Address: _____

(city) (pin code) (state) (country)

Email: _____ **Res. Tel.** _____ **Mobile:** _____

Work Details

Company Name: _____

Nature of Business: _____ **Designation:** _____

Office Address: _____

(city) (pin code) (state) (country)

Email: _____ **Office. Tel.** _____ **Fax:** _____

Correspondence Address: Permanent _____ Current _____ Office _____

Alumnus in Family

	Name	Relation	Year	Stream Passed	Membership No.
1)	_____				
2)	_____				
3)	_____				

Can Assists With: _____

Date: _____ **Place:** _____ **Signature:** _____

FOR OFFICE USE ONLY

RECEIVED _____ INTIMATED _____

CASH / CHEQUE / DRAFT – AMOUNT _____

NO. _____ DATED _____ DRAWN ON _____

RECEIPT NO. _____ DATED _____

MEMBERSHIP NO. _____