

**GMF's TEHMI GRANT INSTITUTE OF NURSING EDUCATION**

**ALUMNI REGISTRATION FORM**

**ENROLLMENT NUMBER:** -----

(for office use only)

**Applicant's Name (In Block Letters):** -----

**Date of Birth:** -----

**Course:** -----

**Duration of Course/Batch:** -----

**Registration Number (RNRN):** -----

**State Belongs to:** -----

**Nationality:** -----

**Present Address for Correspondence:**-----

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**Email ID (Personal):** -----

**Email ID (Official):**-----

**Mobile Number:**-----

**Higher Study details (if any):**-----

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**Present Designation:** -----

**Full address of current Organization:**-----

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**Special Achievements/Awards after completing Course:**-----

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**TGINE Experience:**-----

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**Payment Details of Alumni Registration Membership:**

**Amount:** -----

**Mode: CASH/NEFT**

**If NEFT, Transaction ID:** -----

**Signature of Applicant:** -----

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**FOR OFFICE USE ONLY**

**Amount received from Applicant:** -----

**Mode: CASH/NEFT**

**If NEFT, Transaction ID:** -----

**Membership No:** ----- **Date of Membership:** -----

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