

Motiwala College of Educational Sciences Nashik

Alumni Registration Form

Personal Information:

- Full Name:_____
- Maiden Name (if applicable):_____
- Date of Birth:_____
- Gender:_____
- Contact Number:_____
- Email Address:_____
- Current Address:_____
- City:_____
- State/Province:_____
- Country:_____
- Postal/ZIP Code:_____

Educational Details:

- Year of Graduation:_____
- B.Ed Specialization:_____
- Name of B.Ed College:_____
- Any additional degrees obtained after B.Ed (if applicable):_____
- Current Occupation:_____
- Current Employer/Organization:_____
- Industry/Field:_____

Alumni Engagement Preferences:

- Are you interested in receiving updates about alumni events and activities?
- ☐ Yes ☐ No
- Would you like to volunteer as a mentor for current B.Ed students?
- ☐ Yes ☐ No
- Are you interested in participating in alumni networking events?
- ☐ Yes ☐ No

- Do you have any suggestions or ideas for alumni engagement initiatives?

Consent:

- I consent to the use of my personal information for alumni-related communication and activities conducted by [B.Ed College Name].
- I understand that my information will be kept confidential and will not be shared with third parties without my consent.

Signature:

This registration form collects basic personal information, educational background, alumni engagement preferences, and consent for using the information for alumni-related activities. Adjustments can be made as per the specific needs and preferences of the B.Ed College.