

MARATHA MANDIR'S
BABASAHEB GAWDE INSTITUTE OF MANAGEMENT STUDIES

Alumni Membership Form

(Kindly fill the form & mail to us at alumni@mmbgims.com)

Name (Surname First) : _____

Gender : Male / Female

Date of Birth (dd/mm/yyyy) : _____

Residential Address : _____

Telephone No. : Residential _____

Mobile _____

Email : _____

Year of Admission : _____

Course to which admitted : MMS / PGDM

Specialization : Marketing / Finance / HR

Occupation : Self Employed / Employed

Name of Organisation : _____

Designation & Official Email : _____

Id _____

Address with Telephone No. : _____

of Employer _____

Date :

Signature