

NMSSVN COLLEGE COMMERCE ALUMNI TRUST SVN-COMAT

(Registered Under the Indian Trust Act Vide Regn. No.648/2010)
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Photo

LIFE MEMBERSHIP APPLICATION FORM

Name					
Address					
CONTRACTOR OF THE PLANTS					
Batch Details					
Occupation					
Ednl. Qualification					
Phone & Mobile No.					
e. Mail Address					
Blood Group					
I herewith remit a su	m of Rs. 1000	- (One thous	and only) by	cash/cheque/Di	D. No
dated tov	vards Life Men	nbership Fee.		-	
I agree to abide by the	he rules and re	gulations of t	he Trust.		
Place					
Date					
					Signature
		OR OFFICE	USE ONLY		
Introduced by					
Admitted by Governing Board on					
Governing Board's decision communicated on					
Membership Number					
			Signatur	e of the Director	- Administration