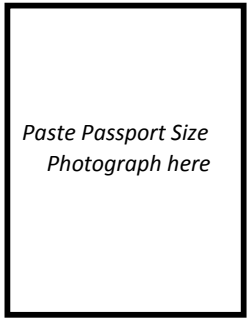




**MARIAN SCHOOL OF EXCELLENCE**  
**ALUMNI REGISTRATION FORM**



Name of the Alumni: .....

Enrollment No: ..... Batch: .....

Date of Birth: .....

Present Designation & Full Address of the Organization:

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.....  
.....  
.....

Contact Mailing Address (Residence):

.....  
.....  
.....  
.....

E-mail Personal: .....E-mail Official.....

Mobile: ..... Phone No: .....

*Date and Place*

*Signature of the Alumni*