

**DEPARTMENT OF ADULT, CONTINUING EDUCATION & EXTENSION  
UNIVERSITY OF DELHI  
DELHI-110007**

**Alumni form for Membership/Extension of Membership**

**Paste a latest  
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photograph  
here**

1. Name of the Applicant (IN BLOCK LETTERS):

\_\_\_\_\_

2. Name of the Department/College:

\_\_\_\_\_

3. Qualification from the Department: \_\_\_\_\_

4. Status \_\_\_\_\_

5. Date of completion of course: \_\_\_\_\_

6. Local Address: \_\_\_\_\_

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7. Permanent Address: \_\_\_\_\_

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8. E-mail : \_\_\_\_\_

9. Contact No. : \_\_\_\_\_

10. Membership No: (for extension only) : \_\_\_\_\_

11. Membership Fee: \_\_\_\_\_

Signature of the Applicant

President / Secretary, Alumni

Signature of Head of the University Department/  
College Principal with seal