



Pioneer in Hospitality Education
COTHM
College of Tourism & Hotel Management

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ALUMNI REGISTRATION FORM

Name:

Batch Name / No: Date of Birth:

College Attended:

Home Address:

Mobile No: E-mail:

Present Business/ Employment:

Facebook: LinkedIn: Twitter:

Life time achievements:

I solemnly affirm that i will abide by the rules and regulations set forth in the memorandum, rules and by laws. I shall make whole hearted endeavour for the success of the Association.

Applicant Signature: Date:

PLEASE SEND YOUR COMPLETED FORM TO:

Alumni Dept.

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