

**OLD STUDENTS ASSOCIATION (OSA)**

CENTRE OF EXCELLENCE, GOVT. COLLEGE SANJAULI, SHIMLA-171006

Name: \_\_\_\_\_

Year of Passing from College: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Occupation: \_\_\_\_\_  
\_\_\_\_\_

Phone No/Mobile.: \_\_\_\_\_

Email ID.: \_\_\_\_\_

Enroll me as member of Old Students Association of your college.

***Signature***