



SRI CHANDRASEKHARENDRASARASWATHI VISWA MAHA VIDYALAYA

(University established under Sec. 3 of UGC Act 1956)

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ALUMNI MEET REGISTRATION FORM

NAME IN CAPITALS		
REGISTRATION No.		BRANCH:
DATE OF BIRTH		AGE:
MARITAL STATUS		
E-mail Address		
Mobile :	Permanent Address(Residential)	Present Address(for communication)
Year of association with SCSVMV University: From To		
<i>ACADEMIC RECORD:</i>	<i>Year of passing</i>	<i>Branch</i>
BE / B.Tech.		
ME/MBA/MCA/MA/Ph.D/M.Phil		
B.Ed/B.com/BCA/B.Sc		
Others(Specify):		
Present Position / Designation:		
Present Employer:		
Any other information / suggestions :		

After completion please return this proforma to

Prof. V. SWAMINATHAN
HOD (E & I) AND PLACEMENT OFFICER
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ENATHUR, KANCHEEPURAM – 631 561.

Signature of the Member with date