

ST. JOSEPH'S COLLEGE (AUTONOMOUS)

LANGFORD ROAD, BENGALURU-560027 ALUMNI/AE ASSOCIATION FORM

- ❖ The registration for the alumni association is available only for outgoing and former students of St. Joseph's College (Autonomous), Bengaluru.
- ❖ As part of the registration please provide correct information, as it will help us to identify you from our records for future reference.

| First Name | |
|---|---------------------|
| Middle Name | |
| Last Name | |
| Date of Birth (According to College Record) | |
| Stream (B.Sc.,BCA,BSW,BVOC,B.Com,BBA & PG) | |
| Course(s) Studied | |
| Year of Passing | |
| Name any 3 Teachers who taught you in | |
| St. Joseph's College (Autonomous) | |
| Permanent Address | |
| z-mail Id : | |
| Membership Fee: Rs.500/- (Rupees 1 | five hundred only) |
| | |
| Date | Signature |
| Alumni Association Contact: | |
| Email Ids: | Contact Nos: |
| alumni@sjc.ac.in | 08022274079 |
| davidalphazee@gmail.com | 08022211429 |

STUDENT(S) COPY

Fee Payment Challan St. Joseph's College



P.O.Box 27094. 36, Lalbagh Road,Bengaluru - 560027 Karnataka
Phone: 22211429, 22274079 website:-

Phone: 22211429, 22274079 website:http://www.sjc.ac.in | E-mail: alumni@sju.edu.in

Student(s) Name:

Register Number:

| Academic Year: | |
|---|----------------|
| Bank Name: SOUTH INDIAN BANK Account No: 0964053000001529 IFSC Code: SIBL0000964 | • |
| FEE DETAILS | |
| Date of Payment : | |
| Alumni Fees : | Rs. 500/- |
| Addititi i ees . | - |
| NOTE: Fees to be paid in South SJC Campus. | h Indian Bank, |
| NOTE: Fees to be paid in Sout | h Indian Bank, |
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| NOTE: Fees to be paid in South SJC Campus. TO BE FILLED BY BANK: | _ |
| NOTE: Fees to be paid in South SJC Campus. TO BE FILLED BY BANK: Branch Name: | |
| NOTE: Fees to be paid in South SJC Campus. TO BE FILLED BY BANK: Branch Name: Branch Code: | |

OFFICE COPY

Fee Payment Challan St. Joseph's College



P.O.Box 27094. 36, Lalbagh Road,Bengaluru 560027 Karnataka

Phone: 22211429, 22274079 website:-http://www.sjc.ac.in | E-mail: alumni@sju.edu.in

| Student(s) Name: | | | |
|--|-----------|--|--|
| Register Number: | | | |
| Academic Year: | | | |
| Bank Name: SOUTH INDIAN BANK Account No: 0964053000001529 IFSC Code: SIBL0000964 | | | |
| FEE DETAILS | | | |
| Date of Payment : | | | |
| Alumni Fees: | Rs. 500/- | | |
| NOTE: Fees to be paid in South Indian Bank, SJC Campus. | | | |
| TO BE FILLED BY BANK: | | | |
| Branch Name : | <u></u> | | |
| Branch Code : | | | |
| Transaction Ref No. : | | | |
| Deposit Date : | | | |
| | | | |

Authorised Signatory

Branch Receipt Stamp

BANK COPY

Fee Payment Challan St. Joseph's College



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Phone: 22211429, 22274079 website:-http://www.sjc.ac.in | E-mail: alumni@sju.edu.in

| Student(s |) Name: |
|-----------|---------|
| Register | Number: |

Academic Year:

Bank Name: SOUTH INDIAN BANK Account No: 0964053000001529

IFSC Code: SIBL0000964

| FEE DETAILS | |
|-------------------|----------|
| Date of Payment : | |
| Alumni Fees : | Rs.500/- |

NOTE: Fees to be paid in South Indian Bank, SJC Campus.

| TO BE FILLED BY BANK: | |
|-----------------------|----------------------|
| Branch Name : | |
| Branch Code : | |
| Transaction Ref No. : | |
| Deposit Date : | |
| Branch Receipt Stamp | Authorised Signatory |