



Reg. No.:1147/03-04/gkp/UP

Working area : All India

# GRADUATE COUNCIL

## FREE MEMBERSHIP APPLICATION FORM

(Please use block letters to fill the form)

Name.....

Sex : Male ( )                      Female ( )

Father's Name : .....

Date of Birth : .....Age : .....

Address : .....

.....

City/Town.....District : .....

State : .....Pin Code : .....

Telephone No.(with STD Code) : .....Mobile No.: .....

E-mail : .....

Year of Graduation : .....From.....

.....University/College.

I wish to Join as a member of the Graduate Council. All the information given in this application form are true to the best of my knowledge & belief. If any of the information is found incorrect or distorted at any stage. I shall have no objection to cancellation of my membership.

Date.....

**Signature**