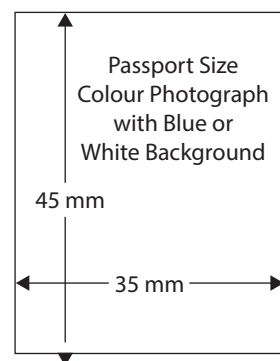


## Royal Institute of Colombo Alumni Association Registration Form



Personal Information			
Full Name:			
NIC/Passport:			
Date of Birth:	Y	M	D
Sex:	Female:	<input type="checkbox"/>	Male: <input type="checkbox"/>
Residential Address:			

Course Details	
Course/s pursued	
Year of commencement	
Year of completion	

Work Information	
Present Occupation	
Name of the organization and address	

Contact Details	
Residence:	
Mobile:	
Office	
E-mail:	

Membership Information (Please tick one*)	
Life Membership : Rs.2000/-	<input type="checkbox"/>
Annual Membership : Rs. 1000/-	<input type="checkbox"/>

Date:	
Amount Paid:	
Signature:	

Only for Office Use	
Signature:	
Amount Paid:	