SITAA

SESHASAYEE INSTITUTE OF TECHNOLOGY ALUMNI ASSOCIATION

(SITAA)- Regn. No. 202/2013 S.I.T.Campus, Ariyamangalam Tiruchirapalli 620 010

	SITAA LIFE MEMBERSHIP ENROLLMENT FORM		
Name in capital letters		Date	
Date of Birth	Branch of Study	ות	
Year of passing	Course duration		ease affix your ecent passport
Residential Address			size photo
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Designation &			
Office Address			
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Tel. No with STD.(Res)	Mobile No.		
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(SITAA) and agree to amendments those mathematical thousand only) by case be enrolled as a life me Details of payment: Ca through Transfer of Ariyamangalam P.O., ' and Account Number	I myself as Life Member of Seshasayee Institute of Technolo abide by the rules and regulations / bye laws of the y be made from time to time. I am enclosing herewith Rs. 1 sh / cheque / demand draft towards non refundable Life I mber of SITAA. sh / Cheque No./ DD No. & date	e A , 00 Men _ Dr Taı C (Association and its DO /- (Rupees One Inbership fee. I may rawn on Bank (OR) njore Main Road, Code BKID0008299
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character and did no	Principal : Mr. / Miss is a student h t involve in any unlawful activity like vandalism in the In ent like suspension, dismissal, etc.		
Signature of Principal			
For SITAA's Office use	only		
Cash / Cheque remitta Sl. No. of Membership	nce in bank on SITAA Cash Receipt No. <u>M</u> Membership ID No Admitted o	_ n _	dated
Secretary			