	GGC HOOL OF BU oved by A.I.C.T.E. New ACC Accredited Instituti 80 Feet Road, Edap	USINESS	S AND T	ECHNOL	S-ANZ MAX CERTIFICATIONS DGY
(* - Mandatory)		REGISTRA ^T			
Name: *					
Father's Name:*				Affix Passport photo	
Date of Birth:*			(DD/MM/YYYY)	T assport photo	
Gender: *	MALE	FEMALE			
Degree: *					
Branch: *]		
Year of Passing:*					
Marital Status:	Single / Married				
Telephone No:					
Mobile No: *					
Whatsapp No.:*			-		
E-mail ID:					
Current Address:*		Permanent	Address:* (if d	ifferent from curren	t address)
Details of Higher	Studies, if applicable	:			
Course Name: *					
Specialization: *					
University: *					
Address:					

Work Information: *

Employer: *		
Job Designation:*		
Office Phone No:	Official Email:	
Area of Work:		

Details of Entrepreneurship, if applicable: *

Name of the Organization: *	
Address: *	
Products/ Services Offered: *	

Suggestions for the growth of your Alma Mater: *