

# Alumni Registration Form

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**Please download this form. Update and post it to [Holycrossdmr@gmail.com](mailto:Holycrossdmr@gmail.com).**

<b>First Name:</b>	<input type="text"/>	<b>Last Name:</b>	<input type="text"/>
<b>Year of Passing:</b>	<input type="text"/>		
<b>Registration Number:</b>	<input type="text"/>		
<b>Enrolment number:</b>	<input type="text"/>		
<b>Present Address:</b>	<input type="text"/>		
<b>Mobile number:</b>	<input type="text"/>		
<b>Email ID:</b>	<input type="text"/>		
<b>WebPage:</b>	<input type="text"/>		
<b>Latest Photo Graphs</b>	<input type="text"/>		