

Moti Mahal College of Hotel Management,  
Mangaluru

**ALUMNI REGISTRATION FORM**

Name:

Father's name:

Date of birth:  (DD/MM/YYYY)

Gender:  MALE / FEMALE

Degree:

Branch:

Year of passing

Marital status:  YES / NO

Telephone no:

Mobile no:

E-mail ID:

E-mail ID:

Current address:

Permanent address:

**Details of Higher Studies, if applicable:**

Course Name:

Specialization:

University:

Address:

Affix  
Passport photo

**Work Information:**

Employer:

Job designation:

Office phone no:  Official email:

Field of work:

**Details of Entrepreneurship, if applicable:**

Name of the Organization:

Address:

Products/ Services offered:

**Suggestions for the growth of your Alma Mater:**

Signature