



**Alumni Association of St. Thomas
College of Teacher Education, Pala,
Kottayam, Kerala**
(Reg. No. KTM/TC/370/2020)

Alumni Membership Form

For office use only (Please enter
code year)
Course Code:
Membership No.
Valid from:
Valid to:
Registration Fee:Rs.

| | | | |
|---------------|---------------------|-----------------|---------------------------------|
| Name | | | Insert your Passport Size Photo |
| Gender | | | |
| Date of Birth | | | |
| Batch: | B.Ed./ M.Ed. | ADMN No. | |
| Optional | | | |

For Communication

| | | |
|------------------------------|-----------|--|
| Postal Address with Pin Code | Name: | |
| | House: | |
| | P.O: | |
| | District: | |
| | Pin: | |
| Whatsapp Number | | |
| Email ID | | |

| | |
|------------------------------------|--|
| Achievements during College Period | |
| Current Qualification | |

Designation/ Department/ Institution (To be filled)

| |
|--|
| |
| |

How would you like to contribute to development of our Department/College?

- Raising awareness of the current students by giving a talk to the students about the opportunities available and skills required in your field of work.
- Linking the current students with Placement Opportunities.
- Development of Departmental Library, Infrastructure etc.

Enroller's signature:

Date:

Please Send to following address:

The Secretary,

Alumni Association,

St. Thomas College of Teacher Education,

Pala

PIN: 686571