



NED UNIVERSITY OF ENGINEERING AND TECHNOLOGY
DEPARTMENT OF STUDENTS' AFFAIRS

Membership form

NAME OF SOCIETY _____

NAME (IN BLOCK LETTER)

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FATHER'S NAME (IN BLOCK LETTER)

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ADDRESS. _____

CELL NO/ PTCL: _____ E-MAIL _____

TECHNOLOGY _____ BATCH _____ YEAR _____

ROLL NO/ SEAT NO. _____ LANGUAGE: _____

PAST EXPERIENCE IN THE FIELD _____

ANY OTHER MEMBERSHIP Yes / No. (IF YES, GIVE DETAILS):

Signature of Student

Dated: _____

In-charge of the Society