

**GNIMS Alumni Association**  
**Guru Nanak Institute of Management Studies**  
**Matunga, Mumbai- 400 019**

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Membership Form

<b>Name in Full ( Capital):</b>			
<b>Residential Address:</b>			
<b>Telephone No.:</b>	<b>Fax:</b>	<b>Date of Birth:</b>	
<b>Email Id:</b>			
<b>Bonafide Student of the Institute</b>	<b>From:</b>	<b>To:</b>	
<b>Name &amp; Address of the Organization with designation:</b>			
<b>Any other Information :</b>			
<b>Date:</b>	<b>Signature:</b>		

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**Guru Nanak Institute of Management Studies**  
**Matunga, Mumbai- 400 019**

**RECEIPT**

Received a sum of Rs. \_\_\_\_\_ from \_\_\_\_\_ towards

<b>Alumni Membership</b>	Rs. _____
<b>Library Deposit</b>	Rs. _____
<b>Library Charges</b>	Rs. _____
<b>TOTAL</b>	Rs. _____

**Stamp**

**Receiver's Signature**