

**ALUMNI ASSOCIATION  
OF THE POST  
GRADUATE**

**DEPARTMENT OF BOTANY,  
UNIVERSITY OF CALCUTTA**

*(Estd. 1968)*

**35, Ballygunge Circular Road, Kolkata – 700 019**  
(Regid. No. S/50599 of 1985-86)

**APPLICATION FOR REGISTRATION**



To The General Secretary Alumni Association  
of the Post Graduate Department Of Botany,  
University of Calcutta 35 Ballygunge Circular  
Road Kolkata 700 019, India

Dear Sir,

I desire to registrar myself as an Alumnus of the Alumni Association of the Post Graduate Department of Botany, University of Calcutta. I am sending herewith my particulars and Rs.100.00\* (Rupees one hundred) only as annual Membership fee and Rs. 200.00 (Rupees two hundred) only as admission fee. The Life membership fee is Rs. 2000.00 (Rupees two Thousand) only / \$100.00 (Hundred Dollar) only for alumni abroad and for Scholars membership fee is Rs. 500.00 (Rupees five hundred) only.

Date: Yours faithfully,

\*Payment may kindly be made in cash or demand draft in favour of **Alumni Association, Dept, of Botany, C.U.**

**PARTICULARS**

*Name in full (in Block letters).....*  
*Academic qualication..... Year*  
*of passing.....*  
*Permanent address.....*  
*.....*  
*Present occupation, official designation and address.....*  
*.....*  
*Phone No.....Mobile No..... Fax*  
*No.....E-Mail ..... Areas of*  
*interest in Botany.....*  
*..... Any*  
*Doctor and other Professional Person known to you who can render voluntary service.....*  
*..... Any*  
*other relevant information.....*  
*.....*