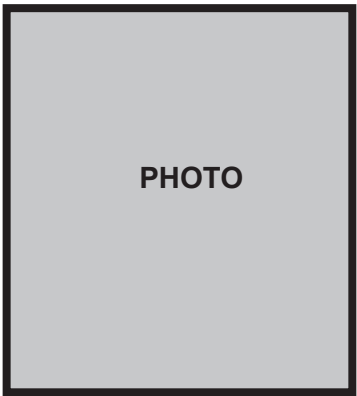




STATE UNIVERSITY OF BANGLADESH

join the trendsetter



SUB ALUMNI ASSOCIATION MEMBERSHIP FORM

Batch ID:

Program:

Name of the Student (In Capital Letters):

Date of Birth: Blood Group:

Mailing Address :

Permanent Address :

Telephone No. : Mobile: E-mail :

Family Information

Marital Status: No. of Children:

Name of Spouse:

Professional Details

Organization:

Designation:

Office Address:

Telephone No. : E-mail :

Degree Obtained

Degree	Department	Passing year	Result

Would you be prepared to give careers advice to potential/current students or graduates thinking of a change in careers?: Yes No

Would you be willing to assist the University with recruitment activities? (e.g. endorsements in course literature/ on web site): Yes No

If you are living outside the Bangladesh, would you be willing to assist the University with recruitment activities? (e.g. providing advice and information to prospective students from your country): Yes No

Would you (or your employer) be willing to employ University students on a short-term basis? Yes No

Signature

Date: