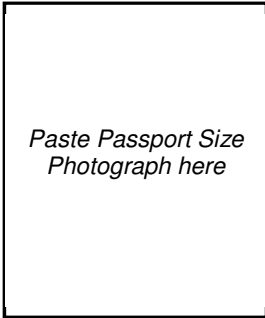




MANIPUR INSTITUTE OF TECHNOLOGY, IMPHAL
ALUMNI REGISTRATION FORM



Name of the Alumni:.....

Enrolment No: **Batch:**.....

Branch..... **Date of Birth:**.....

Present Designation & Full Address of the Organization:

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Contact Mailing Address (Residence):

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.....
.....
.....

E-mail (Personal) : **E-mail (Official)**.....

Mobile:..... **Phone No:**

Date and Place

Signature of the Alumni

(Kindly send duly filled form at email: alumni.mit.imphal@gmail.com)