S.A. COLLEGE OF ARTS & SCIENCE
Affiliated to the University of Madras

ALUMNI REGISTRAION FORM

1. Personal Information

Full Name: _____

Email ID: _____

Contact Number: _____

LinkedIn: _____

Instagram id: _____

Batch:

☐ **2019-2022**

☐ **2020-2023**

☐ **2021-2024**

☐ **2022-2025**

☐ **2023-2026**

Degree:

☐ **BCOM GENERAL**

☐ **BCOM CA**

☐ **BCOM A&F**

☐ **BCOM BM**

☐ **BCOM CS**

☐ **BBA**

☐ **BA ENGLISH**

☐ **BSC COMPUTER SCIENCE**

☐ **BSC COMPUTER SCIENCE WITH AI**

☐ **BCA**

☐ **BSC COMPUTER SCIENCE WITH DATA SCIENCE**

☐ **BSC PSYCHOLOGY**

☐ **BSC NFSMD**

☐ **BSC VISCOM**

☐ **MBA**

☐ **MSC VISCOM**

☐ **MSC COMPUTER SCIENCE**

☐ **MCOM**

2. Official Information

A. Higher Education Details

Have you pursued higher education? ☐ Yes ☐ No

Course / Degree: _____

Specialization: _____

Institution Name: _____

University / Country: _____

Year of Completion: _____

B. Placement Details

Are you currently employed? ☐ Yes ☐ No

Company Name: _____

Job Title / Role: _____

Location: _____

Years of Experience: _____

Current Salary (Optional): _____

3. Document Attachments

Attach ID Card Proof (College ID / Government ID)

Attach Appointment Letter

Declaration

I hereby declare that the information provided above is true to the best of my knowledge.

Signature: _____

Date: _____