

ALUMNAE ASSOCIATION OF RANCHI WOMEN'S COLLEGE
(AARWC), GARIMA, RANCHI

Membership Form

Name : _____

Address : _____

Phone No.: _____ Email : _____

Date of Joining RWC, Ranchi as Student: _____

Date of Leaving RWC, Ranchi: _____

Present Designation/ Occupation : _____

Achievement : _____

Enrolment Fee & Subscription: _____ Rs. 250/-/Rs 100

Paid: _____ Date : _____ Signature

Secretary _____ Treasurer

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Receipt

Enrolment Fee & Subscription: _____ Rs. 250/-Rs 100

Paid: _____ Date : _____ Signature

Secretary _____ Treasurer