



Victoria University
of Bangladesh

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FILE No:VUB/ALM/

ALUMNI REGISTRATION FORM

1. Name (Block Letter) :

2. VUB ID No. :

3. Father's Name :

4. Mother's Name :

5a. Bachelor Degree :

5b. Admission Semester:.....Completion Semester:

6a. Master Degree:

6b. Admission Semester:.....Completion Semester:

7. Present Position:

(a) Designation:

(b) Name of the Organization:

(c) Address:

Telephone:..... Mobile:.....

E-mail:

.....

CERTIFICATION

I, the undersigned, certify that to the best of my knowledge and belief the above information correctly describes my qualifications, job information and me. I undersigned that any willful misstatement described herein may lead to my disqualification or dismissal, as Alumni.

Signature of the Alumni

For office Use Only:

Recorded/Not Recorded

Updated by.....Signature:Date: