

Name : To  
Roll No. : **The Director**  
Course : Centre for Professional  
Development Education  
Branch : Anna University  
Chennai – 600 025.  
Year of Study : to Date :

Sir,

**Sub : SSP-Refund of Caution Deposit**

I have completed the Course and I enclose herewith, the photocopy of No Dues Certificate. I request you to refund the Caution Deposit paid by me, at the time of admission. As I am desirous to become a \*Life/Donor Member of the Alumni Association, College of Engineering, Guindy a sum of \*Rs.1,000/-/Rs.2,000/ (Rupees.....) may kindly be transferred to Alumni Association by issuing a cheque in favour of Alumni Association, College of Engineering, Guindy, Chennai-600 025 and the balance may be returned to me. I have enclosed an advance stamped receipt for the amount and the application duly filled for Alumni Membership.

Your faithfully,

- Encl: 1. Photocopy of Course Completion/PC/Degree Certificate  
2. Photocopy of No Dues Certificate  
3. Photocopy-front page of bank passbook (A/c. Details)  
4. Application for Alumni Membership (duly filled in)

**Signature of the Candidate**

**RECEIPT**

Received from the Director, Centre for Professional Development Education, CEG, Anna University, Chennai – 600 025 a sum of Rs.....(Rupees.....) towards refund of my Caution Deposit.

Name :  
Roll No. :  
Course :  
Branch :  
Year of Study : to  
Bank Name :  
Account No. :  
Branch Name :  
IFSC Code :



**Signature on the Re.1 Revenue Stamp  
Address for Communication  
with Mobile Number**



# Alumni Association

COLLEGE OF ENGINEERING, GUINDY  
ANNA UNIVERSITY, CHENNAI - 600 025.

☎ : 2235 1314  
2230 0111  
2220 3325

Email : cegalumni@annauniv.edu  
Website : http://www.cegalumni.org

## MEMBERSHIP APPLICATION

Mail Application to : The Secretary, Alumni Association, College of Engineering, Guindy, Chennai - 600 025.

|   |  |  |          |  |  |  |        |  |  |
|---|--|--|----------|--|--|--|--------|--|--|
| NAME AND ADDRESS AS IT SHOULD APPEAR IN ALUMNI ASSOCIATION MAILINGS : |  |  |          |  |  |  |        |  |  |
| NAME  |  |  |          |  |  |  |        |  |  |
| ADDRESS   |  |  |          |  |  |  |        |  |  |
| ADDRESS   |  |  |          |  |  |  |        |  |  |
| ADDRESS   |  |  |          |  |  |  |        |  |  |
| CITY / COUNTRY & POSTAL INDEX NUMBER, PHONE NUMBER                    |  |  |          |  |  |  |        |  |  |
| E.MAIL  |  |  | FAX No.: |  |  |  | MOBILE |  |  |

DATE OF BIRTH \_\_\_\_\_  Male  Female

Day    Month    Year

PRESENT OCCUPATION    Title / Position \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Firm Address \_\_\_\_\_  
 Pin : \_\_\_\_\_

| DETAILS OF STUDY AT CEG | BRANCH | YEAR  |
|-------------------------|--------|-------|
| B.E.                    | _____  | _____ |
| M.E./M.Sc./MCA.         | _____  | _____ |
| Ph.D/M.Phil.            | _____  | _____ |
| MBA                     | _____  | _____ |

|                          |                                |                                    |  |
|--------------------------|--------------------------------|------------------------------------|--|
| MEMBERSHIP SUBSCRIPTION* | 1. Life Member      Rs. 1000/- | 2. Donor / Associate    Rs. 2000/- | * Crossed Cheque to be drawn in favour of ALUMNI Association, College of Engineering, Guindy, Chennai - 600 025. Please add Rs.25/- for outstation cheques |
|--------------------------|--------------------------------|------------------------------------|--|

AMOUNT PAID WITH APPLICATION      Rs. \_\_\_\_\_  
 (Rupees.....only)

DD / CHEQUE DETAILS    Bank : \_\_\_\_\_ Branch : \_\_\_\_\_  
 Cheque No. : \_\_\_\_\_ Date : \_\_\_\_\_

I hereby make application for membership in ALUMNI ASSOCIATION and if approved and admitted, I shall be governed by ALUMNI ASSOCIATION'S Rules, Regulations and Procedures as a full fledged member.

Date : \_\_\_\_\_ Full Signature of applicant : \_\_\_\_\_

### FOR OFFICE USE ONLY

PRESIDENT

SECRETARY

TREASURER