



AACUTS
ALUMNI ASSOCIATION OF CUTS

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LIFE MEMBERSHIP REGISTRATION FORM

1. Name (Mr./Ms./Dr./Prof.): _____
2. Date of Birth & Gender: _____
3. a) Course(s) enrolled for at CUTS: _____ School/Center _____
b) Month & year of Joining: _____ c) Month & year of Leaving: _____ d) Hostel: _____
4. Occupation: _____
5. Mailing address: _____

6. Permanent address: _____

7. E-mail & Phone Number(s): _____
8. Name of spouse/partner (if CUTS Alumni, Provide details): _____
9. Names of children: _____
10. Introduced/Referred by: _____ E-mail/Tel: _____
11. Mode of membership paid: Through Bank Transfer / Draft / Cheque / Cash
Name of Bank: _____ Branch: _____
Draft/Cheque No _____ dated: _____ Amount: _____

Membership Fee: (Life Membership Rs.500/-)(Alumni living abroad may register for life time membership by paying USD 20/- or equivalent.)

Payment to be made at the time of application in favor of 'Alumni Association of CUTS' payable at Union Bank of India, Branch Paigamberpur, Varanasi – 221007, India

AACUTS Bank Details:- Bank Code _____ IFSC no. UBIN _____ A/C no. _____

Date: _____

Place: _____

Signature of the Alumni