



# GAUHATI UNIVERSITY INSTITUTE OF DISTANCE AND OPEN LEARNING

SL No: .....

## ALUMNI REGISTRATION FORM

Colour  
Passport  
Size Photo  
(OPTIONAL)  
(Size 3cm X5 cm)

1. \*Name (in Block letters) : .....

2. \*Name of degree passed from IDOL (along with name of the subject) :  
.....

3. \*Roll No:

4. \*DOB:

5. \*Place of Permanent Residence: Urban  Rural

6.\*Category: GEN  ST  SC  OBC  MOBC  MINORITY  (please tick appropriate category)

7. \*Gender: Male  Female  Other  (please tick appropriate Gender)

8. \*Calendar year of passing GUIDOL Programme: ..... 9. \*Result: .....

10. \*Mobile No:           Alternative Mobile No

11. \*Email Id: ..... Alternative Email id .....

12. \* Occupation :

Presently working at:

.....

Present Designation:

.....

OR

\*Homemaker  (if yes please tick)

\* Self Employed  (if yes please tick)

Please provide details of self employment:

13. \* How has the degree from GUIDOL helped you? (You can tick more than one)

A. To get a Job       B. Promotion in Job       C. Helped me to get self employed

D. For Higher Education       E. Achieve my desired academic goals       F. Building self confidence

G. The degree has helped me to broaden my mental horizon

H. Any other .....

14. Remarks (Optional): .....

**Signature of the Ex-learner/Alumni & Date**

**N.B.: \* denotes the mandatory fields**

### FOR OFFICE USE ONLY

Details checked by: .....

Date of upload: .....

Uploaded by: .....