

**ALUMNI ASSOCIATION OF JNU**  
**MEMBERSHIP FORM FOR FACULTY**

1. Name (Mr./Ms. / Dr./ Prof.) : .....
2. Date of Birth : .....
3. Centre / School : .....
4. Course Completed at JNU if any : .....
5. Year of Completion : .....
6. Year of Joining JNU as member of Faculty : .....
7. Permanent Mailing Address : .....
- .....
- .....
8. E-mail Address : .....
10. Telephone / Mobile No. : .....
11. Membership Fee\*: Rs. 100 : : .....
- (By Cash/Cheque in favour of "Finance Officer, JNU")

\* : Kindly fill the form and send it to " Alumni Affairs Office, Room No.111, Administration Block, Jawaharlal Nehru University, New Delhi 110067". All members of the faculty are eligible to become members of AAJ.

Date: ..... (Signature)

Place: .....  
.....

**Receipt**

Received with thanks Rs. 100/- (Cash / Cheque) from Mr./Ms. / Dr./ Prof  
.....towards membership of the Alumni Association of  
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Date:..... (Signature)  
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**ALUMNI ASSOCIATION OF JNU**

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