

PRIYADARSHINI INSTITUTE OF TECHNOLOGY & MANAGEMENT

PULLADIGUNTA::GUNTUR

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Alumni Registration Form

Personal Information

Full Name:

Gender:

Date of Birth:

Academic Information

Degree:

Department:

Batch (Passing Year):

Residence Address

Address:

City:

State:

Country:

Phone Number:

Email:

Professional information

Occupation: Salaried/ Business/Others

Organization:

Designation:

Office address

Address:

City:

state:

country:

Phone:

Count us

For any Information/ Queries regarding the Alumni, may be sent to [alumni.pitm@gmail.com](mailto:alumni.pitm@gmail.com)