PRIYADARSHINI INSTITUTE OF TECHNOLOGY & SCIENCE

CHINTALAPUDI-TENALI

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.pits@gmail.com