



KIIT NANHIHARI LITTLE MISS INDIA

ALUMNI ASSOCIATION REGISTRATION FORM

PHOTOGRAPH

APPLICANT INFORMATION		
Name:		
Date of birth:	Year of Participation:	Place of Audition:
Mother's Name:		
Father's Name:		
E-Mail:		
Facebook Id:		
Website:		
Land Line:	Mobile:	Alternate no:
Present Profession:		
PRESENT ADDRESS		
City:	State:	ZIP Code:
PERMANENT ADDRESS		
City:	State:	ZIP Code:
ANY OTHER INFORMATION ABOUT YOURSELF YOU WOULD LIKE TO SHARE WITH US		

SUGGESTIONS FOR THE GROWTH OF YOUR ALMA MATER

SIGNATURE OF APPLICANT: