

Meesalai Veerasingam Central College

மீசாலை வீரசிங்கம் மத்திய கல்லூரி



Alumni Membership Form

Full Name :

Address :

Date of Birth :

Mobile Number:

E-Mail Address :

Country :

Passed Out Year :

The amount the member subscribes to :

In desired amount Rs. _____ Yearly Monthly

Your Opinion :

Date : _____

Signature: _____