**SDM MBA ALUMNI FORM**

**(Mangalore)**

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| **NAME: D.O.B :**   **Address: SEX (M/F) :**  **Contact Number: PASSING OUT YEAR** : **Email id:**  **Blood Group**: **Name of the Work Place** :**Address** :**Designation**  :**Note 1 : Please be free to give your valuable suggestions with regard to the improvement of Alumni Association.****Note 2: Kindly inform us if at all you are changing your contact details as well as your job.** |