**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.** |