



**KPPM COLLEGE OF TEACHER EDUCATION ALUMNI ASSOCIATION  
-KPPMCTEAA-**

**Anakkayam, Malappuram, Kerala – 676 509**

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**REGISTRATION FORM**

Name in BLOCK LETTERS	<input type="text"/>
Year of pass out	<input type="text"/>
Date of Birth	<input type="text"/>
Optional subject:	<input type="text"/>
Contact number	<input type="text"/>
WhatsApp number	<input type="text"/>
Email ID	<input type="text"/>
Marital status	<input type="text"/>
Qualifications	<input type="text"/>
Present designation/Course	<input type="text"/>
Name of Institution	<input type="text"/>
Communication address:	<input type="text"/>

**AFFIDAVIT**

I hereby swear that I will follow the bylaw of the alumni association of KPPCTA and will work for the mutual benefits of the alumni and college.

Place:

Date:

Name and Signature