

# Chittagong BGMEA Institute of Fashion & Technology (CBIFT)

## ALUMNI REGISTRATION FORM

(Please write in block letters. Please tick (√) as applicable)

Name in Full : \_\_\_\_\_

**Degrees Earned:**

Program : \_\_\_\_\_ ID No.: 

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 - Year of passing: 

Y	Y	Y	Y

Occupation : \_\_\_\_\_ Designation: \_\_\_\_\_

Present Contact Address	Office Address (if applicable)	Permanent Address
Phone: Mobile:	Phone:	Phone: Mobile:
E-mail:		

**Personal Information:**

Father's Full Name : \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Full Name : \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status : \_\_\_\_\_

Spouse Name (if any) : \_\_\_\_\_ Details of Children (if any): \_\_\_\_\_

Religion : \_\_\_\_\_ Blood Group: \_\_\_\_\_

Date of Birth : 

D	D	M	M	Y	Y	

**DECLARATION:**

I, ..... hereby declare that I have carefully read the form and filled it on my own. If the information I have given is ever provided to be false/ incorrect, I will abide by whatsoever decision taken by the CBIFT Alumni Association.

\_\_\_\_\_  
Signature of the Graduate  
Date:

**For official use only:**

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