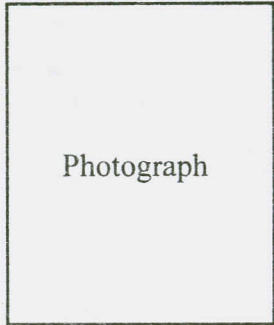


Membership No. : _____



ALUMNI ASSOCIATION
LUCKNOW CHRISTIAN COLLEGE
Golaganj, Lucknow.



Application Form for Membership

Name : _____

Date of Birth : _____ Age : _____

Nationality : _____

Year/s you Passed out from the College : _____ Class _____

Unit Studied :

- Lucknow Christian Degree College
- Lucknow Christian Training College
- Centennial Higher Secondary School

- Lucknow Christian Inter College
- College of Physical Education
- Lucknow Christian College School

Address for Communication : _____

Ph. Nos. : Mobile _____ Home _____

e-Mail : _____

Address of the Office : _____

Ph. Nos. : Office 1. _____ 2. _____

Designation and Nature of Work : _____

Declaration

I certify that the above information furnished by me is correct and true to the best of my knowledge and belief.

Date : _____

Place : _____

Signature

For Any Query or further details please contact :

Dr. S.W. Prasad
Manager/President
Ph.Nos. : 0522- 2614881 (M) 91-9839070670
e-mail : presidentlcc@rediffmail.com

Mr. D.A. Harrison
Principal
Ph.Nos. : 0522-2626958 (M) 91-9935298131
e-mail : principal@lcdc.ac.in