KLE UNIVERSITY
INSTITUTE OF PHYSIOTHERAPY
ALUMNI ASSOCIATION

Registration for Alumni Association

Personal Information

A) Personal Details

Full Name: __________________________

Name as per College records: __________________________

Gender: [ ] Male  [ ] Female

Date of Birth: __________________________

Marital Status: __________________________

B) Contact Information

Contact No: Resi/Off - ___________ Mobile- ___________ Fax- ___________

Email: __________________________

Webpage: __________________________

Present Address

Address Line1: __________________________

Address Line2: __________________________

City: __________________________

State: __________________________

Country: __________________________

Pin/Zip Code: __________________________
Permanent Address:
Address Line1: 
Address Line2: 
City: 
State: 
Country: 
Pin/Zip Code: 

C) College Information
Academic Details
Course: BPT ☐ MPT ☐ BOTH ☐
Joined in Year: 
Passed out in Year: 

D) Professional Information
Designation: 
Current Employer/ Organization: 

E) Suggestions/Comment/Opinion regarding the college.
Life Membership Fee: In India Rs. 1000/-
For NRIs USD $100

Note – Members have to bear registration fees as and when applicable.

For registration as Life Member DD of Membership fees to be drawn in favor of ‘KLE Institute of Physiotherapy Alumni Association’ payable at Belgaum.

All correspondence to be addressed to
The President,
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Nehru Nagar,
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