



**A.D.M. COLLEGE  
FOR WOMEN**  
(Autonomous)

**LIFE MEMBER FORM**

Name :

Date of Birth :

Married/ Single :

Father's/Husband's Name :

Qualification :

Year of study and Degree(s) got  
through ADM College :

Present Occupation :

Contact Address :

Contact Number :

Email id :

Do you want to contribute to the development of the college as alumni (Yes/No):

DD Particulars: Amount  DD No.  Date:

Signature of the candidate