



**ALUMNI ASSOCIATION OF SRI RAMACHANDRA INSTITUTE OF  
HIGHER EDUCATION AND RESEARCH**

**APPLICATION FOR THE AWARD OF BEST ALUMNUS/ALUMNAE**

Affix  
Passport  
size  
Photograph

**FACULTY OF**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medicine      | <input type="checkbox"/> Management Sciences                   | <input type="checkbox"/> Allied Health Sciences           |
| <input type="checkbox"/> Dental        | <input type="checkbox"/> Public Health                         | <input type="checkbox"/> Biomedical Sciences & Technology |
| <input type="checkbox"/> Pharmacy      | <input type="checkbox"/> Clinical Research                     | <input type="checkbox"/> Sports & Exercise Sciences       |
| <input type="checkbox"/> Nursing       | <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> Engineering & Technology         |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Audiology & Speech Language Pathology |   |

<b>APPLIED BY</b> <input type="checkbox"/> Self	<input type="checkbox"/> <b>NOMINATED BY</b>
<b><u>APPLICANT DETAILS:-</u></b>	
Name :	Name :
Current Designation :	Current Designation :
Communication Address :	Department & Institution :
E-mail Id :	E-mail Id :
Mobile No :	Mobile No :
Specialization :	
Qualification :	

Studied at Sri Ramachandra Institute of Higher Education and Research	Degree	Year of Joining	Year of Graduation
Undergraduate Reg No:			
Postgraduate Reg No:			
Others			

Copy of the certificate enclosed ☐ UG ☐ PG

Achievements Contribution to Sri Ramachandra Institute of Higher Education and Research  
(Please enclose details in separate sheet)

Signature

**FOR OFFICE USE**

Verified and approved ☐ HOD ☐ DEAN/PRINCIPAL/COURSE CHAIRPERSON

Awarded as Alumnus/ Alumna of the year ☐ YES ☐ NO

Signature of the Vice-Chancellor .....