



Learning Resource Centre Alumni Membership Form

Alumni | Associate Alumni

Name : _____

(in CAPITAL letters only)

Student ID No. : _____

Office Address : _____

_____ / _____

Phone: _____

Residence Address : _____

ISB Alumni E-mail: _____

Mobile: _____

Emergency phone number*: _____

Any other information: _____

* All Mandatory Fields

Fee Details:

Description	Alumni PGP Suits – PGP, PGPMAX, PGP MFAB, PGPpro, FPM and EFPM	Associate Alumni AMPs – AMPH, AMPBA, AMPI, AMPOS and AMPPP
Security Deposit (Non-interest Bearing & Refundable)	10,000	10,000
Annual Membership Fee*	NA	2,500
Total	10,000	12,500

* GST is Applicable on the annual fee

Applicant Signature

Date: _____

Signature of the LRC Staff : _____

LRC Staff Name: _____

(for Office Use)

Membership (Validity): _____ Amount received by: _____

DD/Cheque*/UTR Number: _____ Date: _____ Bank: _____

* DD/Cheque to be made in favour of "Indian School of Business – Hyderabad or Mohali

The required information that you have provided to LRC will be solely used for communication purposes by the LRC team.