

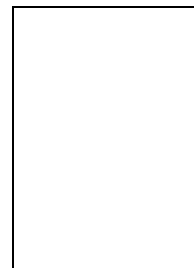


**SYNERGY POLYTECHNIC,**  
**BHUBANESWAR**

Name of the Alumni:.....

Enrollment No: .....Batch:.....

Date of Birth:.....



**Present Designation & Full Address of the Organization:**

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**Contact Mailing Address (Residence):**

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.....

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**E-mail Personal :** ..... **E-mail Official**.....

**Mobile:**..... **Phone No:** .....

*Date and Place*

*Signature of the Alumni*