

Mother's Blossoms

(Registered under the Societies Registration Act)
Alumni of The Mother's International School
DATA FORM

Present Name: _____
First Name Middle Name Last Name

Name as in School: _____
First Name Middle Name Last Name

Date of Birth: _____ Age _____ Gender: Male/ Female _____

If married, name of spouse: _____
First Name Middle Name Last Name

Address: _____

City: _____ State: _____ PIN: _____ Country: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Years attended School: From year _____ Class _____ to year _____ Class _____ Batch _____

Profession/ Occupation: _____

Name of Company: _____

Address: _____

City: _____ State: _____ PIN: _____ Country: _____

Current Designation: _____

I do not want to become a member right now but please update my information.

DATED THIS _____ DAY OF _____ 20_____

SIGNED: _____

We plan to take out a **directory** of all members/ alumni with Name, Address, Phone, Email id and Name of Company, which will be circulated to **members only**. How do you want your information to be treated? **Select one.**

Go ahead, print it Print only my name and email id I do not want my friends to contact me. Do not print.

Please mail this form to:
Mother's Blossoms, Sri Aurobindo Ashram, Sri Aurobindo Marg, New Delhi – 110016.

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