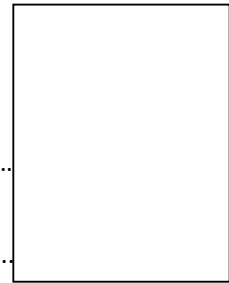


Students Alumnae Form



Name of the Student

Duration of stay in DSCE fromTo.....Total Years.....

Highest Qualification obtained in DSCE.....

Present Qualification

UGC/CTET/Any other competitive exam qualified.....

Presently working Yes/No Institution in which working (Give complete Address)
.....

Higher Studies Pursuing.....

Present Position/Status

Correspondence Address.....
.....

Telephone Number

If you want to highlight your experience (Positive or Negative) on the various aspects of the college in order to improve the overall quality, please convey your comments.

.....
.....

(Signature of the Student)