



Old Championites Association

C/o Champion School 13 Cooperage Road Mumbai 400 001. Email:office@excampionites.com.

Website: www.excampionites.com

REGISTRATION FORM

[] Life

(PLEASE FILL THE FORM IN BLOCK LETTERS)

Name: _____ (First Name) (Middle Name) (Surname)	colour photo
Residential Address: _____	
City: _____ State: _____ Pin: _____	
Tel (R): _____ Mobile: _____	
E mail: _____ Website: _____	
Qualification: _____	
Date Of Birth: _____ Yr of passing: _____	
Reg No.: _____ Class: _____ Div: _____ House: _____	
Spouse's Name: _____ Anniversary: _____ Blood Gr: _____	
Details of Children	

Details of Children		
Name:	Date Of Birth:	Sex:
1. _____	_____	_____
2. _____	_____	_____

Hobbies: _____

Do you have relatives who have attended Champion? If yes please mention name(s) & year of passing below

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Occupation: _____ Profession: _____ Designation: _____

Office Name & Address: _____

City: _____ Pin: _____ Tel (O) _____

Details/Nature of Occupation/Profession: _____

Pan No.: _____ E mail: _____ Website: _____

At Mumbai dated: _____

This is to state that I have no objection to the above information being displayed on the official OCA website www.excampionites.com.

Signature of Applicant

NOTE: Application form will not be accepted if not accompanied by cheque favoring "OLD CHAMPIONITES ASSOCIATION" (FOR OFFICE USE)

Registration		Form received on:
Category	Amount (Rs)	Cash / Cheque No:
[] Life	2,000/- (*)	Cheque date:
Receipt Details		Drawn on:
Issued Receipt No:	2009-2010/	Branch:
Dated:		Approved on :
(*) towards association corpus / (**) Please add Rs 100/- for outstation cheque		Signature of Approving Authority