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THE SNSB LTD. MAHILA ARTS COLLEGE, MEHTAPURA, HIMMATNAGAR  
STUDENT ALUMNI REGISTRATION FORM  
ACADEMIC YEAR 2025

(A) Personal Details:

1. Full Name: Mrs Anisha D.
2. Date of Birth: 03 / 09 / 2004
3. Gender: ☐ Male ☒ Female ☐ Other
4. Contact Number: 84696 96208
5. Email ID: dhanyibhai.mis@gmail.com
6. Address: Dedhasota
7. City: Himmatnagar State: \_\_\_\_\_ Pin Code: 383220

(B) Academic Details:

8. Enrollment Number: BA06922125648
9. Course Completed: ☒ B.A. ☐ Other (Specify): \_\_\_\_\_
10. Specialization/Subjects: English
11. Year of Admission 2022 Year of Graduation 2025

(C) Current Employment/Academic Status:

12. Current Occupation: ☐ Employed ☐ Self-Employed ☒ Higher Studies ☐ Other
13. Organization/Institution Name: S.B. Mahila Arts College
14. Designation (if employed): \_\_\_\_\_
15. Contact Number (Workplace): \_\_\_\_\_
16. Work Address (if applicable): \_\_\_\_\_

(D) Further Studies (if applicable):

17. Institution Name: \_\_\_\_\_
18. Course/Program Enrolled: \_\_\_\_\_

(E) Alumni Engagement Preferences:

19. Would you like to be part of alumni events? ☒ Yes ☐ No
20. Would you be interested in mentoring students? ☒ Yes ☐ No
21. Are you willing to contribute to the alumni association? ☒ Yes ☐ No
22. Any Suggestions for Alumni Activities: Campus memory walk

Declaration:

I, Anisha Mis, confirm that the above information is accurate to the best of my knowledge. I grant permission to the institution to use my details for alumni network purposes.

Signature: Anisha

Date: 14 / 02 / 2025

For Office Use Only:

Alumni Registration Number: \_\_\_\_\_

Date of Registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_

Signature: \_\_\_\_\_



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THE SNSB LTD. MAHILA ARTS COLLEGE, MEHTAPURA, HIMMATNAGAR  
STUDENT ALUMNI REGISTRATION FORM  
ACADEMIC YEAR 2024-25

(A) Personal Details:

1. Full Name: Saiyed Humera S.
2. Date of Birth: 11/07/2005
3. Gender: ☐ Male ☒ Female ☐ Other
4. Contact Number: 9313207123
5. Email ID: humerasaiyed88@gmail.com
6. Address: Alif masjid Poo Ground
7. City: Himmatnagar State: Gujarat Pin Code: 383007

(B) Academic Details:

8. Enrollment Number: BA05922125665
9. Course Completed: ☒ B.A. ☐ Other (Specify): \_\_\_\_\_
10. Specialization/Subjects: Major English
11. Year of Admission: 2022 Year of Graduation: 2025

(C) Current Employment/Academic Status:

12. Current Occupation: ☐ Employed ☐ Self-Employed ☒ Higher Studies ☐ Other
13. Organization/Institution Name: \_\_\_\_\_
14. Designation (if employed): \_\_\_\_\_
15. Contact Number (Workplace): \_\_\_\_\_
16. Work Address (if applicable): \_\_\_\_\_

(D) Further Studies (if applicable):

17. Institution Name: \_\_\_\_\_
18. Course/Program Enrolled: \_\_\_\_\_

(E) Alumni Engagement Preferences:

19. Would you like to be part of alumni events? ☒ Yes ☐ No
20. Would you be interested in mentoring students? ☒ Yes ☐ No
21. Are you willing to contribute to the alumni association? ☒ Yes ☐ No
22. Any Suggestions for Alumni Activities: \_\_\_\_\_

Declaration:

I, Saiyed Humera, confirm that the above information is accurate to the best of my knowledge. I grant permission to the institution to use my details for alumni network purposes.

Signature: H.S. Saiyed

Date: 14/02/2025

For Office Use Only:

Alumni Registration Number: \_\_\_\_\_

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed by: \_\_\_\_\_

Signature: \_\_\_\_\_



**THE SNSB LTD. MAHILA ARTS COLLEGE, MEHTAPURA, HIMMATNAGAR**  
**STUDENT ALUMNI REGISTRATION FORM**  
**ACADEMIC YEAR 2025**

**(A) Personal Details:**

1. Full Name: Deve Sakshi Jagdishchandra
2. Date of Birth: 6 / 7 / 2004
3. Gender: ☐ Male ☒ Female ☐ Other
4. Contact Number: 6351161032
5. Email ID: Sakshidave674@gmail.com
6. Address: Kudhe Govind Farm, Mehtapur, Himmatnagar
7. City: Himmatnagar State: Gujarat Pin Code: 383001

**(B) Academic Details:**

8. Enrollment Number: BA05922125630
9. Course Completed: ☒ B.A. ☐ Other (Specify): B.A
10. Specialization/Subjects: English
11. Year of Admission: 2022 Year of Graduation: 2025

**(C) Current Employment/Academic Status:**

12. Current Occupation: ☐ Employed ☐ Self-Employed ☒ Higher Studies ☐ Other
13. Organization/Institution Name: -
14. Designation (if employed): -
15. Contact Number (Workplace): -
16. Work Address (if applicable): -

**(D) Further Studies (if applicable):**

17. Institution Name: S.B. Mahila Arts Collage
18. Course/Program Enrolled: B.A

**(E) Alumni Engagement Preferences:**

19. Would you like to be part of alumni events? ☒ Yes ☐ No
20. Would you be interested in mentoring students? ☐ Yes ☒ No
21. Are you willing to contribute to the alumni association? ☒ Yes ☐ No
22. Any Suggestions for Alumni Activities: -

**Declaration:**

I, -, confirm that the above information is accurate to the best of my knowledge. I grant permission to the institution to use my details for alumni network purposes.

Signature: Sakshi

Date: 19 / 02 / 2025

**For Office Use Only:**

Alumni Registration Number: -

Date of Registration: - / - / -

Processed by: -

Signature: -





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THE SNSB LTD. MAHILA ARTS COLLEGE, MEHTAPURA, HIMMATNAGAR  
STUDENT ALUMNI REGISTRATION FORM  
ACADEMIC YEAR 2024-25

(A) Personal Details:

1. Full Name: Memam Kaushalsbunu Zarkishbhai
2. Date of Birth: 26 / 6 / 1998
3. Gender: ☐ Male ☐ Female ☐ Other
4. Contact Number: 8511224191
5. Email ID: memamkaushal198@gmail.com
6. Address: Malivada Husenabad Himmatnagar
7. City: Himmatnagar State: Gujarat Pin Code: 383001

(B) Academic Details:

8. Enrollment Number: BA05422125676
9. Course Completed: ☒ B.A. ☐ Other (Specify): B.A.
10. Specialization/Subjects: Gujarati
11. Year of Admission: 2022 Year of Graduation: 2025

(C) Current Employment/Academic Status:

12. Current Occupation: ☐ Employed ☐ Self-Employed ☐ Higher Studies ☐ Other
13. Organization/Institution Name: B.A. Arts Mahila college - Himmatnagar
14. Designation (if employed): -
15. Contact Number (Workplace): 8511224191
16. Work Address (if applicable): -

(D) Further Studies (if applicable):

17. Institution Name: -
18. Course/Program Enrolled: -

(E) Alumni Engagement Preferences:

19. Would you like to be part of alumni events? ☒ Yes ☐ No
20. Would you be interested in mentoring students? ☒ Yes ☐ No
21. Are you willing to contribute to the alumni association? ☒ Yes ☐ No
22. Any Suggestions for Alumni Activities: -

Declaration:

I, Memam Kaushalsbunu Z. confirm that the above information is accurate to the best of my knowledge. I grant permission to the institution to use my details for alumni network purposes.

Signature: Kaushal

Date: 23 / 02 / 2025

For Office Use Only:

Alumni Registration Number: -

Date of Registration: - / - / -

Processed by: -

Signature: Kaushal



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THE SNSB LTD. MAHILA ARTS COLLEGE, MEHTAPURA, HIMMATNAGAR  
STUDENT ALUMNI REGISTRATION FORM  
ACADEMIC YEAR 2024-25

(A) Personal Details:

1. Full Name: Panchal Pooja Jitendrakumar
2. Date of Birth: 30 / 12 / 2004
3. Gender: ☐ Male ☒ Female ☐ Other
4. Contact Number: 8799588912
5. Email ID: PP3616606@gmail.com
6. Address: Mehtapura, Brahmaminagar
7. City: Himmatnagar State: Gujarat Pin Code: 383001

(B) Academic Details:

8. Enrollment Number: \_\_\_\_\_
9. Course Completed: ☒ B.A. ☐ Other (Specify): \_\_\_\_\_
10. Specialization/Subjects: Gujarati
11. Year of Admission: 2022 Year of Graduation: 2025

(C) Current Employment/Academic Status:

12. Current Occupation: ☐ Employed ☐ Self-Employed ☒ Higher Studies ☐ Other
13. Organization/Institution Name: B.A. Arts Mahila College, Himmatnagar
14. Designation (if employed): \_\_\_\_\_
15. Contact Number (Workplace): 8799588912
16. Work Address (if applicable): \_\_\_\_\_

(D) Further Studies (if applicable):

17. Institution Name: \_\_\_\_\_
18. Course/Program Enrolled: \_\_\_\_\_

(E) Alumni Engagement Preferences:

19. Would you like to be part of alumni events? ☒ Yes ☐ No
20. Would you be interested in mentoring students? ☒ Yes ☐ No
21. Are you willing to contribute to the alumni association? ☒ Yes ☐ No
22. Any Suggestions for Alumni Activities: \_\_\_\_\_

Declaration:

I, Panchal Pooja, confirm that the above information is accurate to the best of my knowledge. I grant permission to the institution to use my details for alumni network purposes.

Signature: @Panchal

Date: 14 / 02 / 2025

For Office Use Only:

Alumni Registration Number: \_\_\_\_\_

Date of Registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_

Signature: \_\_\_\_\_