

# IVRI ALUMNI ASSOCIATION

Second Floor, Academic Block, Deemed University  
 ICAR-Indian Veterinary Research Institute, Izatnagar-243122 (Uttar Pradesh)  
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## FEEDBACK FORM

**1. Full name in capital letters:**


**2. Father's name:**


**3. Date of birth: .....**

**4. Gender: .....**

**5. Permanent Address:**

																		P	I	N

**6. Full address for correspondence:**

																			P	I	N

**7. Marital Status: .....**

**8. Educational Qualification obtained from IVRI: .....**

**MVSc (Year of degree): ..... Subject.....**

**Ph.D. (Year of degree): ..... Subject.....**

**National Diploma (Year of Degree) ..... Subject.....**

**9. In case of degree/diploma from other universities, mention name of university and year of degree: .....**

**10. Whether employed: Yes/No**

**11. Type of service: Private/State govt./Central govt.**

