



**MEMBERSHIP FORM**  
**ANDHRAPRADESH TPO CONSORTIUM**

**PLEASE FILL IN CAPITAL LETTERS**

**Name: Mr/Ms-----**

**Designation: -----**

**Name of the College/University -----**  
-----

**Postal Address: -----**  
-----

**Mobile Number: -----**

**Email: -----**

**Date:**

**Signature**

Fill the hard copy of the above form and post to

**V Vijay Marutibabu**  
Secretary, APTPO Consortium,  
Head- Industry Relations & Placements  
Velagapudi Ramakrishna Siddhartha Engineering College  
(Autonomous) Kanuru , Vijayawada  
Andhra Pradesh – 520007,INDIA, Mobile: 9390688699