



REGISTRATION FORM

*Autumn Semester 20*_____
 (Session July – December 20____)

*Spring Semester 20*_____
 (Session January – June 20____)

Please put ✓ (tick) mark

STUDENT NAME:

ROLL NO..... / REG. NO.:

GENDER:, CATEGORY: (GEN/SC/ST/OBC)..... PWD: (Y/N)

DOMICILE.....

FATHER'S or MOTHER'S NAME:

HOME ADDRESS:

.....

.....

MOBILE NO: - E-mail:-

RESIDING AT (LOCAL ADDRESS):

.....

WHETHER STUDDING ON SCHOLARSHIP OR EDUCATION LOAN: -

Mention Details:

.....

Subject Enrolled for Semester:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

SUPPLEMENTARY:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

.....
 Student's Signature