

Annexure-1

REGISTRATION FORM

To be filled in BLOCK LETTERS

Programme

Application No Admission No

Aadhaar Card No:..... Academic Session

 Category: - ☐ General ☐ OBC ☐ SC ☐ ST ☐ Minority

Full Name of the Student

Nationality..... Religion: - Blood Group

 Gender: - Male ☐ Female ☐ Blood Group:.....

Father's Name Mobile No.....

Mother's Name Mobile No

Father's /Mother's Occupation

Grand Father's Name..... Mobile No

Emergency Contact No.....Date of Birth

Correspondence Address

Address

..... City.....Pin Code.....

Contact No. (Landline)Student Mob. No.....

Student's E-mail ID

Father's/Mother's E-mail Id.....

Permanent Address

Address

..... City Pin Code.....

Contact No. (Landline)

Local Guardian Name:.....E-mail Id:.....

Address.....Mob. No.....

Date:

Signature of the student

AAPAR ID/ABC ID: