STUDENT I	REGISTRATION I	FORM (TO BE FI			RS AND CLE	AR)	
		RSONAL INFORMA					
Application No.	1						
Student's Name				1, p. , p. rp			
(as per 10th Certificate)				APAAR ID			
Program/Course		Branch		Semester			
Year of Admission	2025	Hosteller		Non Hosteller			
Date of Birth (as per 10th Certificate)		Gender (M/F/T)		Nationality			
Blood Group		Category ( <b>√</b> )	GEN	OBC	SC	ST	
Student's Mobile No.			State of Don	nicle			
Mother tongue	Aadhar Card No.						
Student's E-Mail ID					Religion		
NAD ID (if allocated)							
CONTACT DETAIL LO	OCAL (IN CASE E	MERGENCY)					
Correspondence Address:	H.N.	Mohalla		Village/Town/C			
	Post Office	Ivionana		Tehsil			
C:tr:	District		State		Pin		
City			State		<u> </u>		
PERMANENT ADDRES	Contact Person & N	Aob No.					
Address:		Mohalla		X:11/T/C	*: <u>4-</u> -		
Address:	H.N. Mohalla Post Office		Village/Town/0 Tehsil				
City	District		State	Tensii	Pin		
PARENTAL DETAILS					1		
	Father of Student		Mother of Student				
Name							
Qualification							
Quannication	Govt. Service/ Pvt.	Service/ Entrepren	eur/ Business/	Profassional/ Far	mer/ Shonkene	r/ Labour (please	
Occupation	mention)	Service, Entrepren	ear Basiness	Trorassional Tar	ты эпоркере	ii Laccai (picase	
Designation/Post							
Annual Income(in Lakh)							
Mobile No.							
E-Mail ID							
STUDENT QUALIFICA	TION DETAIL:						
Examination Passed	Name of Board	Passing Year	Division	Full Marks/CGPA	Marks Obtained	Percentage (%)	
Highschool (10th)							
Intermediate (12th)				<u> </u>			
B.Tech 1st year/ B.Sc./ DIPLOMA(if applicable)							
Under Graduate							
Post Graduate							
I certify that information g	iven above is correct	t. In case it is found	d to be wrong,	I am liable for dis	sciplinary action	1.	

SIGNATURE OF STUDENT .....

DATE : .....