



## APPLICATION FOR REGISTRATION

Session \_\_\_\_\_

S.No. \_\_\_\_\_

Date: \_\_\_\_\_

Aadhar No

ABC/APAR ID

1. Name of the Course \_\_\_\_\_

2. Full Name \_\_\_\_\_

3. Father's / Guardian's Name \_\_\_\_\_

4. Mother's Name \_\_\_\_\_

5. Permanent Address \_\_\_\_\_

Pin Code \_\_\_\_\_

6. Mobile No \_\_\_\_\_ Phone No \_\_\_\_\_

7. Email Id \_\_\_\_\_

8. Date of Birth DD / MM / YYYY 9. Father's Occupation \_\_\_\_\_ 10. Annual Income \_\_\_\_\_

11. Category (GEN/OBC/SC/ST/MIN) \_\_\_\_\_ 12. Anti-Ragging Reference No: \_\_\_\_\_

### 13. Education Qualifications

| Exam / Course Passed    | Degree / Diploma | Univ. / Board | School / College | Subjects | Roll No | Year of Passing | % Marks |
|-------------------------|------------------|---------------|------------------|----------|---------|-----------------|---------|
| Secondary / High School |                  |               |                  |          |         |                 |         |
| 10+2 or Equivalent      |                  |               |                  |          |         |                 |         |
| Graduation              |                  |               |                  |          |         |                 |         |
| Post-Graduation         |                  |               |                  |          |         |                 |         |
| Any Other               |                  |               |                  |          |         |                 |         |

Affix  
Passport Size  
Photograph

MALE FEMALE

BUS HOSTEL

### Declaration by the Applicant

I hereby declare that all the information given above by me is true to the best of my knowledge and understanding. In case of any false / incorrect information, I will be solely responsible for the same.

Signature of Father / Guardian

Signature of the Applicant