

REGISTRATION FORM

Session : 2020-2021

Photograph

1. Course Applied for _____
2. Name (In Block Letters) _____ (As in qualifying exam)
3. Father's Name (In Block Letters) \ Husband's Name _____ (As in qualifying exam)
4. Date of Birth (as in 10th Certificate) _____
5. Aadhar No. _____
6. Gender (Male/ Female) _____
7. Nationality _____
8. Category: (General/ SC(A)/ SC (B)/ BC(A)/ BC(B)/ ESM/ War Widow/ PH/ CFF) _____
9. Permanent Address

_____ PIN _____

Mobile : (Student) _____ Mobile : (Father) _____

Mobile : (Mother) _____

10. Hostel Required : Yes No
11. Email Id : _____
12. Transportation Required : Yes No
13. Station : _____

14. Academic Record

Examination	Name of School/College	Board/University	Year of Passing	Subjects Passed	Marks Obtained	%age of Marks
VIII / X						
XII						
Diploma						
Graduation						
Others						

Date _____

Place _____

Signature of the Candidate