FORM OF APPLICATION FOR REGISTRATION
(SPECIAL DRIVE EXAMINATIONS)

EXAMINATION __________________________________________  COURSE__________________ SEMESTER.

Years of Study__________________________ Month _________________________ Year_______________________

REGISTER NUMBER:

1. Full Name* (including Surname)

M            F

2. Sex

3. Nationality

D

4. Date of Birth:

D D M M Y Y Y

Affix recent passport size photograph

5. Father’s Name:

6. Mother’s Name

7. Particulars of fee Paid:   Receipt No:_______ Amount(Rs.)_______ Date:

8. Date of passing the Qualifying examination

Month :_______________ Year:_______________

9. Address for Communication:

With Contact Number

__________________________

__________________________

Contract No:

* Candidate should fill up the particulars in his/her own hand wring in Block Letters. Write the name as per the 10th class Certificate and enclose a Xerox copy of the same and also enclose a Xerox copy of lower degree (UG).

Signature of the Candidate.