REGISTRATION CUM ENROLMENT FORM

Stream: B.A Hons / B.Sc Hons / B.A General / B.Sc General (Please Tick)

Admitted under Allocated Category: UR / SC / ST/ OBC-A / OBC - B (Please Tick) Cast Category: Total Marks obtained: ______ (12 th) Out of Total Marks : _____ **Student Profile:** (In Block Letters) Student Name: Gender: Date of Birth: Differently Abled: Yes / No Marital Status : ____ NAD ID :_____ Religion: Mother's name: Father's name: Minority Community: Yes / No Aadher Number: Address for Correspondence: Locality / Villege: Building / Avenue:_____ Country: India P.O:_____ District: State: PIN Code: City: Email ID:_____ Alternate No: Mobile Number:______ (Please put your Permanent Number) Matriculation (10th Level) Details: Name of Board: ____ Name of Examination: State where the Board situated: _____ Country where the Board situated: _____ Roll No: Year of Passing: Registration year: Registration No: Higher Secondary (12th Level) Details: Name of Examination: Name of Board Council: State where the Board situated: Country where the Board situated: ______ Class / Division / Grade : Year of Passing: Total Marks obtained: Out of Total Marks : Marks %: Subject Combinations: Registration No : _____ Roll No: Registration year: **Enrolment Info:** Admission Date : _____ Session : ____ Subjects: Core Subject : ______ (For Hons.) Core Course- 1 : _____ Language – 1 : _____ Core Course- 2 : ______ Ability Enhancement Compulsory Course : ENVS Core Course- 3 :

Signature:

Date: