

Sl.No.

VINOBA BHAVE UNIVERSITY

Rs. 50/-

HAZARIBAG REGISTRATION FORM

Faculty: _____
Year/ Semester: _____



Paste P. P. Size
Coloured
Photograph

Name of the Institution :
Name of the Student :



(CAPITAL LETTERS)

Signature of the Student

नाम देवनागरी में :

Course of Study : Session:

Date of Birth : Sex : Male Female

Date of Admission : Marital Status : Married Unmarried

Class Roll No. : Nationality :

Blood Group : Religion :

Category (Tick) : GEN OBC ST SC PH Minority* _____

Father's Name :

Mother's Name :

Permanent Address :

Pin

Present Address :

Pin

Phone No. : Mobile No. : E-mail :

Subject Offered

Compulsory Papers/ Hons. Paper	Optional Papers	Special Paper (If any)
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Information Regarding Last Examination on the basis of which admission has been taken

Exam. Passed : Roll No. :

Board/ University : Year of Passing :

Name of Institution :

Division/ Class/ Grade :

Migration Certificate No. with Date :

Migration Issuing Authority :

Full Signature of the Student

Certificate of the Head of the Institution

Certified that the information provided are correct to the best of my knowledge. The institution is affiliated to this University for the subjects offered by the candidate.

Signature of the Assistant.

Signature of the Head of the Institution.

For Office Use Only

Registration No. Alloted :

If registration no. is not alloted then record the reason :

Assistant

Registrar

* Mention the category of minority community to which you belong.
Note:- Application Form must be Fill up by Black Ball Pen.