RAMA UNIVERSITY UTTAR PRADESH, KANPUR

(vide U.P. Act No.1 of 2014 as passed by State Legislature and recognized by UGC U/s 2(f))

Faculty of _____

Registration Form for Semester..... (2018-19)

Name of Student _____

Roll No. _____Aadhar No_____

Name of Course _____Branch _____Semester_____

Date of Birth _____/_____/_____Date of Joining (Inst.) _____/_____/_____ __

Religion _____Category _____Reserved Category (Y/N) _____ _

Physically Handicapped (Y/N) _____Econ Backward (Y/N) _____

Student Contact No. _____

Father's Name _____Mother's Name _____

Contact No. (Father) _____

Permanent Address _____

Name of Local Guardian _____

Contact No. _____

Local Address _____

Hostler/Day Scholar _____

In case of Hostler Hostel Name _____Room No._____ _____

Status of the Institute Fee/Dues _____

Marks (In %) 1st Year_____2nd Year_____3rd Year_____

E-mail (Student) _____

Registration Date _____

Signature of Applicant **H.O.D** **Account Officer** **Academic Office**

Note:-Please registered yourself on www.antiragging.in on Rama University Portal.

REGISTRATION SLIP

Mr. /Ms _____S/O/D/O_____

Course_____Semester_____Branch_____RollNo._____

Status of the Institute Fee/Dues _____

Has been registered on dated _____session_____

Signature of Applicant **H.O.D** **Account Officer** **Academic Office**