



STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY									
Date of Registration -----									
STUDENT ID									

Please fill in the form in CAPITAL letters only.

General Information

Name:-----

Mother's Name:-----

Father's Name:-----

Gender:-----

Date of Birth:

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Citizenship:-----

Permanent Address:-----

State/ Province:----- Zip:----- Country:-----

Cellphone:----- Alternate Number:-----

Email:-----

In case of International Students: Passport No. ----- Visa Validity:-----

Scholarship Details (If applicable)-----

Educational Qualification (at the time of Admission): Graduate Postgraduate Other -----

School

- School of Historical Studies School of Ecology and Environment Studies
- School of Management Studies School of Languages and Literature / Humanities
- School of Buddhist Studies, Philosophy and Comparative Religions Hindu Studies (Sanatana Dharma)

Programme: M.A/M.Sc. M.B.A Ph.D **Batch: 20** **- 20**

Emergency Contact Details:

Name:-----

Relationship with Student (Parent / Guardian/Spouse):-----

Contact No.:-----

Email:-----

Fees Details: Paid Not Paid Partially Paid:

Date of Payment:----- **Mode of Payment:**-----

Amount Outstanding if any:-----

Signature of the Student:----- **Date:**-----

FOR OFFICE USE ONLY

Name of the verifying officer:----- **Signature:**-----

Date:-----

Affix recent
passport size
photograph
(colour)