

Sl.No.:

17188
BINOD BIHARI MAHTO KOYLANCHAL UNIVERSITY, DHANBAD

REGISTRATION FORM



पासपोर्ट साईज का फोटो
यहाँ चिपकाएँ एवं नीचे बॉक्स
में पूर्ण हस्ताक्षर करें।

Faculty :
Semester :
Core/General :

Session :
Aadhar No. :

1. NAME OF THE STUDENT : _____
(परीक्षार्थी का नाम)
(देवनागरी लिपी में) _____

2. FATHER'S NAME : _____
(परीक्षार्थी के पिता का नाम)

3. MOTHER'S NAME : _____
(परीक्षार्थी के माता का नाम)

4. DATE OF BIRTH : 5. GENDER : 6. CATEGORY :
(जन्म तिथि) DD MM YYYY (लिंग) (श्रेणी)

7. ADDRESS :
(पता)

Mobile No.: E-mail ID :

Student's Signature

8. NAME OF THE COLLEGE : _____
(महाविद्यालय का नाम)

9. DATE OF ADMISSION : _____ 10. CLASS ROLL NUMBER : _____

Subject Offered

CORE COURSE	GENERAL COURSE
a) AECC : _____	a) AECC : _____
b) CORE SUBJECT : _____	b) CORE A : _____
c) GENERIC ELECTIVE : _____	c) CORE B : _____
	d) CORE C : _____

Information Regarding Last Examination on the basis of which admission has been taken

Exam. Passed : _____ Roll No.: _____

Board/University : _____

Name of the Institution : _____

Division/Class/Grade : _____ Year of Passing: _____

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 of the best of my knowledge. The institution is affiliated to this University for the subjects offered by the student.