

STUDENT REGISTRATION

~~XXXXXXXXXX~~ ~~NA~~

PERSONAL DETAILS

Name Email ID
Gender ☐ Female ☐ Male Mobile No
Date of Birth Nationality
Religion Category
Mother Tongue Blood Group
~~Home~~ Address Upload Photo

House Name Street
City District
State Pin

Admission Details

Date of Admission Admitted Program
Admitted Branch Admission No

Guardian Qualification Details

Father Name Occupation Mobile No
Local Guardian Occupation Mobile No

Qualification Details

PG Details

Course College Branch
Mark %

UG Details

Course Branch College
Mark Percentage

12th Details

Stream School Mark %

10th Details

Stream School Mark %

Register

clear

Generate username & Password

and Send it to the user

FACULTY REGISTRATION

Personal Details

Name Email ID

Gender ☒ Female ☐ Male Mobile No

Date of Birth Nationality

Religion category

Mother Tongue Blood Group

Upload Photo

Address

House Name Street

City District

State Pin

Experience

Industrial Experience

Company worked

Teaching Experience

Institutions worked

Qualification Details

Highest Qualification

Course Branch College

University Mark %

UG details

Course Branch College

University Mark %

12th details

Stream School

University/Board Mark %

10th details

Stream School

University/Board Mark %

Register

Clear