

(REGISTRATION FORM)

Programme Enrolled For	BCA
Academic Session	2023-2026
Admission Category	NS
Full Name of the Student	ABDULLAH IRFAN KHAN
Father's Name	IRFAN KASAM KHAN
Father's Mobile No	917738044780
Father's Occupation	Private Sector Employee
Mother's Name	PARVIN IRFAN KHAN
Mother's Mobile No	919967563339
Mother's Occupation	Not Working
Nationality	Indian
Date of Birth	08/10/2005
Gender	Male
Category	GEN
Emergency Contact No	9967563339

Correspondence Address

Address	G004, KARGIL RESIDENCY CHSL STELLA, BARAMPUR
City	VASAI
State	Maharashtra
Country	India
Pin	401202
Tel	7738044780
Fax	
Mobile	7756898583
Email	iprsa5@gmail.com

Permanent Address [Address of Parents]

Address	G004, KARGIL RESIDENCY CHSL STELLA, BARAMPUR
City	VASAI
State	Maharashtra
Country	India
Pin	401202
Tel.	7738044780
Fax	

Local Guardian(s) to be contacted in emergency

Full LG Name	Sophiya Irfan Khan
Address	G-004 Kargil Residency, Near Stella petrol pump, Vasai (west)
City	Vasai
State	Maharashtra
Pin	401202
Tel.	8291950308
Mobile No	8291950308
Email	nisbask2002@gmail.com

Place of stay during this Semester (Non-Hostellers)

NA

AddressNA

CityNA

PinNA

TelephoneNA

MobileNA

Details of educational Qualification(from high School onwards)						
Name of Qualifying Exam	Year of Passing	School/College	Board/University	Subjects/Stream	Percentage	Class/Division
Xth	2021	St Augustine's high school	STATE	SSC Board	71.20	71.20
XIIth	2023	RICHMOND GLOBAL SCHOOL	STATE	Commerce	0.00	0.00

Any type of sickness that you are prone to and the line of treatment
Any particular Doctor to be contacted in case of your sickness

Full Dr Name

Address

City

State

Pin

Tel.

Mobile No

Email

Your Blood Group

AB+ve

Upload Signature

Abdhan

Verify Contact Details

User Type	Mobile No	Alternate Contact No.	Email-Id
Mother			
Student	7756898583	+91 7738044780	abdullahabdukhan@gmail.com

UNDERTAKING

I hereby solemnly affirm and declare that the information made and furnished by me in the Registration-cum-Enrollment Form is true and correct. Further, I am being programme entirely on my request and I agree to abide by all the rules and regulations of the Institution / University which I have read and understood. I was given op had and I shall not hold the Institution / University responsible for any gaps in my understanding about the same. In the event of suppression or distortion of any fact li nationality etc. made in the Registration-cum-Enrollment Form, I understand that my admission is liable to be cancelled.

I have full knowledge of the fact that in case my attendance in any course is below than the required attendance as per University Policy/relevant Regulatory Body, wh debarred from appearing in examination of the course(s). I shall abide by the attendance rules of the University/relevant Statutory Body, whichever are higher, and hav physical presence/online active presence in the class will be considered as attendance. I have also understood the importance of marks associated with attendance.

I have uploaded/submitted all requisite documents which are to be verified by the Institution. I have gone through the rules of provisional registration and fully unders failure to submit to the Institution / University, appropriate documentary proof of my meeting the eligibility requirement as specified for my programme of study, my a will be cancelled

☒ Verified that the contents of this undertaking are true to the best of my knowledge and nothing which has been stated is false and nothing has been concealed or mi agree to the above

Date : 20/03/2023

Date _____

Place _____

Office Seal

Date _____

(Name & S

For official use

Enrolment no. allotted

Date _____

Place _____