(REGISTRATION FORM)

Programme Enrolled ForBCAAcademic Session2023-2026Admission CategoryNS

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 No919967563339Mother's OccupationNot WorkingNationalityIndianDate of Birth08/10/2005GenderMaleCategoryGENEmergency Contact No9967563339

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
 Maharastra

 Pin
 401202

 Tel.
 8291950308

 Mobile No
 8291950308

Email nisbask2002@gmail.com

Place of stay during this Semester (Non-Hostellers)

NA NA NA

AB+ve

Pin NA
Telephone NA
Mobile NA

Details of educational Qualification(from high School onwards)

NA

Name of Qualifying Exam	Year of Passing	School/College	Board/University	Subjects/Stream	Percentage	e Class/Divis
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

City

State

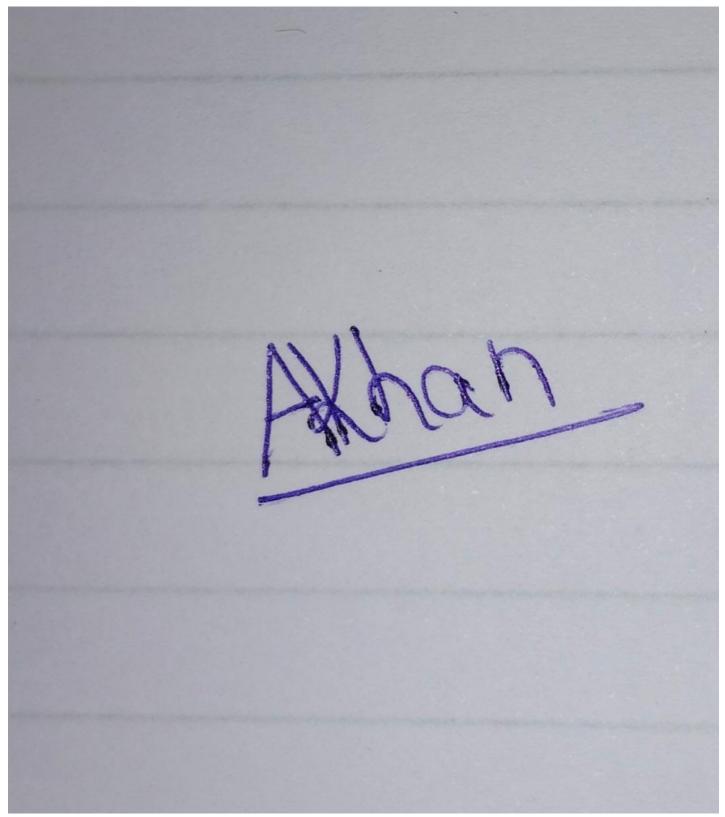
Pin

Tel.

Mobile No Email

Your Blood Group

Upload Signature



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 linationality 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 have 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 & will be cancelled

Verified that the contents of this undertaking are true to the best agree to the above	of my knowledge and nothing which has been stated is fals	se and nothing has been concealed or mi
Date: 20/03/2023		
Date		
Place		
Office Seal		
		(Name & S
Date		
	For official use	
Enrolment no. allotted		
Date		
Place		