

Student Registration Form

NAME:

FATHER NAME:

MOTHER NAME:

PHONE NO:

EMAIL:

GENDER FEMALE: ☐ MALE: ☐ OTHERS: ☐

DATE OF BIRTH: 

ADDRESS:

Blood Group: 

DEPARTMENT CSE: ☐ EEE: ☐ BBA: ☐

COURSE HTML: ☐ CSS: ☐ TYPESCRIPT: ☐ NEXTJS: ☐

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