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Main Report ▼



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Raj Kumar Goel Institute of Technology, Ghaziabad
5 Km Stone(Opp. Jain Tube Co. Ltd.) Ghaziabad (U.P) 201001
Ph: (0120) 2788273 , 2788409 Fax: 0120-2788447

Registration Form-(ODD SEMESTER) " SESSION-2017-18"

Name: ANUJ SINGH **Date of Birth** 02/01/1998

Name in Hindi **Roll No :** 1603310051

Branch CSE **Semester** Sem VI **Section** C1 **Enrollment No**

Year : 2016 **Mobile No.(Student)** 7398717068

Mobile No.(Father) 8400197768 **Mobile No.(Mother)** 9795700207

Mobile No.(Friend) 7011324474 **E-mail ID.(Student)** anujk920@gmail.com

Father's Name KALIYAN SINGH **Occupation** FARMER

Mother's Name RAM LADATI **Occupation** HOUSE WIFE

Annual Income Father's 66000 **Annual Income Mother's** 0

Caste OBC **Mode of Admission**

Blood Group B+ **Aadhar No.** 327261822846



Details of Previous Year Performance :

Gender Male

Examination Passed	Board / Univ.	Year of Passing	Subject Name	PCM %	Over All %
X	CBSE	2013	MATH ENGLISH HINDI SOCIAL-SCIENCE SCIENCE	80.00	74.20
XII(PCM)	CBSE	2016	PHYSICS CHEMISTRY MATHS ENGLISH HINDI	80.00	77.80
B. Tech/B. Pharma/MBA/MCA			Ist Year	IInd Year	III rd Year
			Marks Obtained(%)	80.00	75.00
					0

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No. of Carryover paper Subject Code

Complete Address :

Local

Pin Code

Tele no. with code

MobileNo of Local Guardian

E-mail Id(Father)

Mode of fee Payment cheque/draft

Permanent MOHALLA BAHADURGANJ POST
 TILHAR DIST SHAHJAHANPUR
Pin Code **State** Uttar Pradesh

Tele no. with code

Local Guardian address

E-mail Id(Mother)

DECLARATION BY STUDENT

I hereby declare that the entries in the registration form are true to the best of my knowledge and belief. I have carefully read the instructions given in the student manual/ Undertaking/Affidavits and hereby undertake to abide by them. I further declare that no criminal proceedings are under process or pending against me with the Police or in any Court of law. I also undertake to fulfill the required criteria of attendance (75%) and in the case of short attendance, I will be liable to be detained from the sessionals as well as the end semester examinations.

I will be liable for disciplinary action if found violating any rules/undertaking/orders/instructions etc.

Date.....14-Jan-2019.....

Place.....

(Name & Signature of Class Coordinator/Counselor).....(Student's full signature).....

(.....)

(Name of HOD) (Signature of HOD)

All Red Color Filled the mandatory. Filled the form very carefully. After filling the form save it & take the print out for further process.

Any clarification you may contact to Registrar Office.