

Dr. RADHAKRISHNAN KNOWLEDGE AWARD 2013-14

Registration Form

(Last date for submission 04/04/2014 -- 4.00 PM)

1. Full Name of the Applicant -----
2. Date of Birth of the Applicant -----
3. Mobile No. of the Applicant -----
4. Father's Name -----
5. Address of the Applicant -----
5. Name of the Institution -----
6. Course ----- Semester -----
7. Attached Photocopy of the current Identity Card.

Date // //2014

Signature of the Applicant -----

DECLARATION

I, the above-named Applicant, do hereby declare that I have carefully read and understood all the Rules/Instructions regarding the Award/Test and I accept the same and undertake to comply with them.

Signature of the Applicant-----

Forwarded to the Coordinator, Dr. Radhakrishnan Knowledge Award 2013-14 with the remark that the applicant is a bonafide student of our College and the particulars furnished by him above are correct.

Date // //2014

Signatures of the Principal -----
Seal of the College

_____ Tear from here _____

Admit Card

Name of the Institution _____
Full Name of the Candidate _____
Father's Name _____ Class/ Course _____

Roll No.

Signature & Seal of the College Authority