



(Autonomous Institution affiliated to Visvesvaraya Technological University,
Belagavi)

Bengaluru – 560 059

APPLICATION FOR REGISTRATION (MCA: 5th Sem.)



Student Details

Name of the Student (In Capitals)	Aditya Raj
Branch (In Capitals)	Master of Computer Applications
USN	IRD18MCA01
Email Id	adityaraj.mca18@rvce.edu.in
Mobile Number	8271388851
Gender	Male
Blood Group	B+
Category	GM

Counsellor Details

Name of the Counselor(In Capitals)	MANJUNATH M
RVCE Mail ID	manjunathm@rvce.edu.in
Contact Number	9535096576

Parent Details

Father Name & Contact Number	Binod Kumar Thakur
Mother Name & Contact Number	Neeta Thakur 8862857005
Local Guardian Name & Contact Number	

Permanent Address (In Capitals):

Madhu bagh nawada, Ara Bjojpur, Bihar

Pincode:802301

Address of Guardian (In Capitals):

Pincode:

1. Category of Admission (Tick) & Indicate the Rank

PGCET

297

2. Current Enrollment for

2020 – 2021 ODD Sem (III Sem)

3. Details of College Fee Paid

Amount (Rs)

Challan Number

Date of Fee Paid

4. Residential Status (Tick)

Private Hostel / PG

5. Address in case of Hostel with room no.

Name & Address of Owner in case of PG

6. Academic Details

Sem

SGPA

CGPA

I

8.91

8.79

II

8.68

III

9.09

IV

7. Total number of backlog courses as on date

8. List of courses to be cleared (if any) as on date (Attach Additional sheet if required as per format)

Sl. No.

Sem

Course Code

Course

1.

2.

3.

4.

4. Willing to join the innovative project team (List available in RVCE website) / CAT / SPORTS

I certify that the above information is true to the best of my knowledge:

ADITYA RAJ
(Name in Caps)

Aditya Raj 08/09/2020
Signature of the Student (with Date)

ACKNOWLEDGEMENT

Received from Mr./Ms _____ of FIFTH Semester MCA the registration form for the ODD semester of academic year 2020-21 on _____

Signature of the Counselor

Name of the Counselor

Head of the Department
(with Date and Seal)