**GRAPHIC ERA HILL UNIVERSITY, HALDWANI CAMPUS**

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Tularampur, Near Mahalaxmi Temple, Haldwani, Uttarakhand 263139, India Website: [haldwanicampus@gehu.ac.in,](mailto:haldwanicampus@gehu.ac.in) Telephone: +91-8755973405

1. Name of the Student….…………………….……………………………………………….



2. University Roll No………………………………….Student ID………………………..

3. Father’s Name…………………….…………………………………………………………...

4. Mother’s Name……………………………………………………….……………………….

5. Father’s Occupation…………………………………………………………………………

6. Mother’s Occupation…………………………………………….………………………….

7. Date of Birth (DD/MM/YYYY) …………………………...…………………………….

1. A. Gender: Male [ ] Female [ ] B. Category: GEN [ ] OBC [ ] SC [ ] ST [ ]
2. Academic Record:

High School: Year ……………………………Marks%..............................................................................................

Intermediate: Year…………………………. Marks%..............................................................................................

Graduation (In case of MCA): Year…………………Course……………………….…..Marks%.....................

10. Permanent Address: …………………………………….……………………………………………….………….…......

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City………………………….........…. Pin………………………….State………………………………………...................

11. Student’s Mobile No.……………..……..............Official E-mail………….….……..…………………………….………………

12. Father’s Mobile No ……………………….………………Mother’s Mobile No……………………………………………..….

1. Result of each semester:

|  |  |  |  |
| --- | --- | --- | --- |
| **SEM** | **SGPA/CGPA** | **BACKLOG (IF ANY)** | **BACKLOG CLEARED(YES/NO)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

1. Details of Leave Record

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Date (From)** | **Date (To)** | **Reason** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. Details of indiscipline (If any):

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Semester** | **Description of Activity** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

1. Details of Meeting with Class Coordinator:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Semester** | **Date** | **Issues Discussed** | **Sign of CC** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
| Attach separate sheet if required | | | | |

1. Any Other Information (Please Specify):