



# RV College of Engineering®

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(Autonomous Institution affiliated to Visvesvaraya Technological University,  
Belagavi)

Bengaluru – 560 059


## APPLICATION FOR REGISTRATION [Post-graduate Program: 3rd Semester]



1.	Name of the student (In Capitals)		ATUL GUPTA	
2.	Branch (In Capitals)		Master of Computer Application	
3.	Student ID		IRV20MC119	
4.	Email Id		atulgupta.mca20@rvce.edu.in	
5.	Date of Birth		1998-10-20	
6.	Religion		HINDU	
7.	Domicile		UTTAR PRADESH	
8.	Student Adhaar Number		650167286347	
9.	Mobile Number		8285833862	
10.	Name of the Counselor		DR. VISHAL C	
11.	Gender	Male	Blood Group	O+
12.	Address for Communication			
Permanent Address (In Capitals)		Address of Guardian (In Capitals)		
VILL-CHAKIYA CHOWK, POST-SAMDAR KHURD, DIST-GORAKHPUR, UTTAR PRADESH 273306				
Pincode:273306		Pincode:		
13	Details of Parents & Guardian			
Parent / Guardian	Name	Email Id	Phone Number	
Father	RAMESH PRASAD GUPTA	rameshprasadgupta900@gmail.com	9005361767	
Father Occupation	GOVERNMENT EMPLOYEE	Organization	INDIAN RAILWAY	
Mother	MANJU DEVI			
Annual Income	400000			

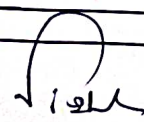
Local Guardian		
Person to be contacted in emergency (Tick)		Father / Mother / Local Guardian

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14	Current Enrollment for	<b>2021 - 2022 ODD Sem (III Sem)</b>	
15	Details of College Fee Paid		
	Amount (Rs)		
	Challan Number		
	Date of Fee Paid		
16	Residential Status (Tick)		
Private Hostel / PG			
17	Address in case of Hostel with room no.	Name & Address of Owner in case of PG	
	#1655, P and T Quarters, RT Nagar Dinnur Main Road, Kaval Bairasandra, Bengaluru, Karnataka - 560032. MOB-8285833862	#1655, P and T Quarters, RT Nagar Dinnur Main Road, Kaval Bairasandra, Bengaluru, Karnataka - 560032, MOB-8285833862	
18.Total number of backlog subjects as on date		3	
19 SGPA			
20.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	I	20MCA15	WEB APPLICATION PROGRAMMING
2	I	20MAT11	Mathematical Foundation for Computer Applications
3	I	20MCA12	Linux Shell Scripting
4	I		
I certify that the above information is true to the best of my knowledge:			
ATUL GUPTA (Name in Caps)		 8/10/21 Signature of the Student (with Date)	

### ACKNOWLEDGEMENT

Received the registration form from Mr./Ms \_\_\_\_\_ of 3rd Semester MCA for the Odd semester of academic year **2021-22** on \_\_\_\_\_

Signature of the Counselor		Head of the Department (with Date and Seal)
Name of the Counselor		