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

15.	Category of Admission (Tick) & Indicate the Rank	
	- GM	
MANAGEMENT	58 Percentile	

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16.	Previous Qualification	BCA
17.	Board	Chhatrapati Shahu Ji Maharaj University KANPUR
18.	Institution	Dr. Virendra Swarup Institute of Computer Studies
19.	Percentage	
20.	Year of Passing	2020
21.	Current Enrollment for	**2020 – 2021 ODD Sem (I Sem)**
22.	Details of College Fee Paid	
	Amount (Rs)	
	Challan Number	
	Date of Fee Paid	
23.	Residential Status (Tick)	
Residing in Hostel		

24.	Address in case of Hostel with room no.	Name & Address of Owner in case of PG
MV Hostel , College Campus		MV Hostel , College Campus

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

(Name in Caps)	Anugam 22/02/21 Signature of the Student (with Date)

ACKNOWLEDGEMENT

Received the registration form from Mr./Ms _____ of **First** Semester M.tech/MCA fo
ODD semester of academic year **2020-21** on _____

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