SRI VENKATESHWARA UNIVERSITY

Registration/Admission Form

Registration No. : Date : Course : Year : Section : Department :

1) Name of the Student :

2) Father's Name :

3) Mother's Name :

4) Date of Birth : Place of Birth : Nationality : Religion : Caste :

5) Sex : Male / Female Marital Status : Married / Single

6) Blood Group : Mother Tongue : Physically Challenged : Yes / No

7) Permanent Address :

Pin Code : Phone No. : Mobile No. :

8) Present Address :

Pin Code : Phone No. : Mobile No. :

9) Email ID : Aadhar No. :

10) Parents Occupation : Father : Mother : Guardian :

11) Parents Annual Income : Father : Mother : Guardian :

12) Parents Mobile No. : Father : Mother : Guardian :

13) Parents Email ID : Father : Mother : Guardian :

14) Parents Aadhar No. : Father : Mother : Guardian :

15) Parents Address : Pin Code : Phone No. :

16) Guardian Name : Relationship : Address : Pin Code : Phone No. :

17) Guardian Email ID : Guardian Aadhar No. :

18) Academic Details

	Qualifying Exam	Board/University	Year of Passing	Marks Obtained	Max. Marks	Percentage/CGPA	Remarks
High School							
Intermediate/Diploma							
Graduation							
Postgraduate Degree							

19) Extra Curricular Activities :

20) Hobbies :

21) Medical Disorders :

22) Medical Insurance : Yes / No

23) Medical Insurance Details :

24) Medical Insurance Expiry Date :

25) Medical Insurance Amount :

26) Medical Insurance Company :

27) Medical Insurance Policy No. :

28) Medical Insurance Claim Amount :

29) Medical Insurance Claim Date :

30) Medical Insurance Claim Status :

31) Medical Insurance Claim Reason :

32) Medical Insurance Claim Rejection Reason :

33) Medical Insurance Claim Settlement Date :

34) Medical Insurance Claim Settlement Amount :

35) Medical Insurance Claim Settlement Mode :

36) Medical Insurance Claim Settlement Bank :

37) Medical Insurance Claim Settlement Account No. :

38) Medical Insurance Claim Settlement IFSC Code :

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742) Medical