

VIT VELLORE
VIT VENKATESHWARA UNIVERSITY
Registration/Admission Form
 (For the Academic Year 2019-2020)

Registration No. _____ **Page No.** _____

1. PERSONAL DETAILS

NAME	DATE OF BIRTH	DATE OF ADMISSION
_____	_____	_____

2. ACADEMIC HISTORY

Year	Semester	Grade
2017	1	
2017	2	
2018	1	
2018	2	
2019	1	
2019	2	

3. DECLARATION

I, _____, do hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature of Student _____ **Date** _____

4. FEE STRUCTURE

Category	Amount
Registration Fee	_____
Admission Fee	_____
Library Fee	_____
Medical Fee	_____
Insurance Fee	_____
Transportation Fee	_____
Other Fees	_____
Total	_____

5. PAYMENT DETAILS

Bank Name _____ **Branch** _____

Account No. _____ **IFSC Code** _____

Amount Paid _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

6. CONTACT INFORMATION

Home Address _____

Mobile No. _____ **Email ID** _____

7. DECLARATION

I, _____, do hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature of Student _____ **Date** _____

8. FEE STRUCTURE

Category	Amount
Registration Fee	_____
Admission Fee	_____
Library Fee	_____
Medical Fee	_____
Insurance Fee	_____
Transportation Fee	_____
Other Fees	_____
Total	_____

9. PAYMENT DETAILS

Bank Name _____ **Branch** _____

Account No. _____ **IFSC Code** _____

Amount Paid _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

10. CONTACT INFORMATION

Home Address _____

Mobile No. _____ **Email ID** _____

11. DECLARATION

I, _____, do hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature of Student _____ **Date** _____

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