

**VIT VELLORE UNIVERSITY**  
**Registration/Admission Form**  
 Academic Session 2018-19

**Registration Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

**Academic Details**

Year	Semester	Grade
1	1	
1	2	
2	1	
2	2	
3	1	
3	2	
3	3	
3	4	
3	5	
3	6	

**Declaration and Signature**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. General Information	
Name	
Address	
City	
State	
Zip	
Phone	
2. Financial Information	
Income	
Assets	
Liabilities	
Net Worth	
3. Personal Information	
Marital Status	
Children	
Education	
Employment	
4. Other Information	
Comments	