

**VIT VELLORE UNIVERSITY**  
**Registration Admission Form**

**Personal Details**

Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_

**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**

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

**Signature of Candidate** \_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_

**Stamp of Institution** \_\_\_\_\_

**Date** \_\_\_\_\_

1. Name of the person or organization: _____	
2. Address: _____	
3. City: _____	
4. State: _____	
5. Zip: _____	
6. Phone: _____	
7. Fax: _____	
8. E-mail: _____	
9. Date: _____	
10. Signature: _____	
11. Title: _____	
12. Organization: _____	
13. Department: _____	
14. Position: _____	
15. Other: _____	