

VIGNESHWARA UNIVERSITY
Registration / Admission Form

Personal Details:
 Name: _____
 Address: _____
 Contact Number: _____
 Email: _____

Academic Details:
 Course: _____
 Sem: _____
 Reg No: _____
 Date of Birth: _____
 Date of Admission: _____

Declaration:
 I hereby declare that the above information is true and correct to the best of my knowledge and belief.
 Signature: _____
 Date: _____

Remarks:
