

AD VIGNATE UNIVERSITY
Registration (Admission) Form
 (For Undergraduate, Graduate and Postgraduate)

Personal Details:
 Name: _____ Address: _____
 Phone: _____ Email: _____

Academic Details:
 Course: _____ Sem: _____ Reg No: _____

Sl. No.	Course Name	Credits	Grade	Remarks
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Declaration:
 I hereby declare that the information provided is true and correct.
 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	