VEERASTHMARA UNIVERSITY

Veerasthmara Nagar, Kalyanapuram, Kalyanapuram Taluk

Registration/Admission Form

Affix Passport Size Photograph

Enrollment Number: _____ Date: 14/03/2026

Enrollment Password: _____

1) Name of the Student: Ajay Kumar Singh

2) Name of the Father: Ramesh Kumar Singh

3) Name of the Mother: Sunita Devi

4) Date of Birth: 12/07/2004

5) Gender: Male

6) Nationality: Indian

7) Religion: Hindu

8) Caste: General

9) Address for Correspondence: 14, Gandhi Nagar, Kalyanapuram, Kalyanapuram Taluk, Veerasthmara District, Pin: 574201

10) Permanent Address: Same as above

11) Mobile No. of Student: 9876543210

12) Mobile No. of Parent/Guardian: 9876543211

13) Email ID: ajay.singh@example.com

14) Aadhaar Number: 1234 5678 9012

15) Blood Group: B+

16) Marital Status: Unmarried

17) Academic Details:

Examination Passed	Board/University	Year of Passing	Subjects	Marks Obtained	Percentage	Division
High Schooling	Veerasthmara Secondary Education Board	2020	5	412/500	82.4%	First
Intermediate (10+2)	Veerasthmara Secondary Education Board	2022	5	438/500	87.6%	First
Undergraduate						
Postgraduate						

18) Declaration: I hereby declare that the information furnished above is true to the best of my knowledge and belief. I shall abide by the rules and regulations of the University.

Signature of the Student

Date: 14/03/2026

For Office Use Only

Application No.: _____

Admitted to Course: _____

Admitted to Year/Semester: _____

Roll Number Allotted: _____

Fee Receipt No.: _____ Dated: _____

Amount Paid: ₹ _____

Signature of Registrar

Seal of the University