

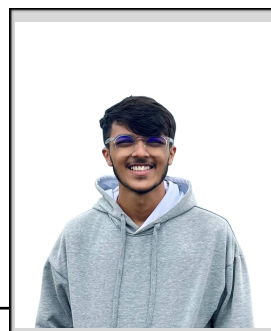


RV College of Engineering®

Mysore Road, RV Vidyaniketan Post, Bengaluru - 560059, Karnataka, India

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APPLICATION FOR REGISTRATION
[Undergraduate Program: 6th Semester]



1.	Name of the student (In Capitals)	Thilak S
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2.	Branch (In Capitals)	Electronics and Communication Engineering
3.	Student ID	1RV22EC171
4.	Email Id	thilaks.ec22@rvce.edu.in
5.	Date of Birth	01/06/2004
6.	Religion	Hindu
7.	Nationality	Indian
8.	Category	GM
9.	Type of Admission	CET
10.	Student Aadhaar Number	916770371075
11.	Mobile Number	8660319759
12.	Name of the Counselor	S PRAVEEN
13.	Gender	Male

14.	Address for Communication		
Permanent Address (In Capitals)		Address of Guardian (In Capitals)	
9th Cross Dead End 'lakshmi Nilaya'		-	
Pincode:573201		Pincode:-	

15	Details of Parents & Guardian		
Parent / Guardian	Name	Email Id	Phone Number
Father	Shantharaju S J	shantharajualur42@gmail.com	9986471842
Father Occupation	Revenue Officer	Organization	Govt of Karnataka
Mother	Bhagya K B	bhagyakb@gmail.com	8217382289
Annual Income	4.5LPA		
Local Guardian	-	-	

Person to be contacted in emergency (Tick)	Father / Mother / Local Guardian
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16	Current Enrollment for	2024 – 2025 Even Sem (VI Sem)	
17	Residential Status (Tick)		
Residing in Hostel			
18	Address in case of Hostel with room no.	Name & Address of Owner in case of PG	
Cauvery Hostel, B101		Cauvery Hostel, B101	
19.Total number of backlog subjects as on date		0	
20. Internship details		-	
		Start Date :, End Date:	
21. List of courses to be cleared (if any) as on date (Attach Additional sheet if required as per format)			
Sl. No.	Sem	Course Code	Course
1			
2			
3			
4			
23	Innovative project team		
I certify that the above information is true to the best of my knowledge:			
(Name in Caps)			
		Signature of the Student (with Date)	

ACKNOWLEDGEMENT

Received the registration form from Mr./Ms _____ of 4th Semester BE for the even semester of academic year **2024-25** on _____

Signature of the Counselor		Head of the Department (with Date and Seal)
Name of the Counselor		