




ACADEMIC ▶

GRIEVANCE REDRESSAL ▶

STUDENT INFORMATION
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Personal Details

Roll No. :	<input type="text" value="15UCS165"/>	
Student Name :	<input type="text" value="YASH KHANDELWAL"/>	Blood Group : <input type="text" value="B+"/>
Father's Name :	<input type="text" value="DINESH KHANDELWAL"/>	Nationality : <input type="text" value="-"/>
Mother's Name :	<input type="text" value="SEEMA KHANDELWAL"/>	Photo : 
Date of Birth :	<input type="text" value="13/Mar/1996"/>	
Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Marital Status :	<input checked="" type="radio"/> Single <input type="radio"/> Married	
Email ID :	<input type="text" value="yashkhandelwal99299@gmail.com"/>	
Student Mobile No. :	<input type="text" value="919414609590"/>	
Father's Mobile No. :	<input type="text" value="919414277523"/>	
Mother's Mobile No. :	<input type="text" value="919529732106"/>	

Address Details

Correspondence Address :	<input type="text" value="434-A SCHEME NO.2 ALWAR"/>		
City :	<input type="text" value="ALWAR"/>	PIN :	<input type="text" value="301001"/>
District :	<input type="text" value="ALWAR"/>	State :	<input type="text" value="RAJASTHAN"/>
Landline Number :	<input type="text" value="01442336589"/>	Mobile Number :	<input type="text" value="919414277523"/>
E-Mail Address :	<input type="text"/>		
Permanent Address :	<input type="text" value="434-A SCHEME NO.2 ALWAR"/>		
Permanent City :	<input type="text" value="ALWAR"/>	Permanent PIN :	<input type="text" value="301001"/>
Permanent District :	<input type="text" value="ALWAR"/>	Permanent State :	<input type="text" value="RAJASTHAN"/>
Landline Number :	<input type="text" value="01442336589"/>	Mobile Number :	<input type="text" value="919414277523"/>
E-Mail Address :	<input type="text"/>		

Admission Details

Date of Admission :	<input type="text" value="02/Sep/2015"/>	Degree :	<input type="text" value="B.Tech."/>
Payment Type :	<input type="text" value="General"/>	Branch :	<input type="text" value="Computer Science & Engineering"/>
State of Eligibility :	<input type="text" value="Please Select"/>	Year :	<input type="text" value="I"/>
Admission Batch :	<input type="text" value="Y15"/>	Semester :	<input type="text" value="VI"/>
Hosteler :	<input checked="" type="radio"/> Yes <input type="radio"/> No		