



|| नमो वाचं-सर्वं वाग् विभक्तुः ||

RAJIV GANDHI COLLEGE OF ENGINEERING, RESEARCH & TECHNOLOGY, CHANDRAPUR

SEMESTER REGISTRATION FORM

NAME OF THE STUDENT		MR./ MISS	<i>Last Name First Name Middle Name</i>								(PHOTO)
DEPARTMENT		UNIV PRN NO									
SEMESTER		CTGRY	OPEN	SC	ST	NT	VJNT	OBC	SBC		
ADDRESS FOR CORRESPONDENCE											
PERMANENT ADDRESS											
STUDENT'S CELL NO				PARENT'S CELL NO							
EMAIL ID				DATE OF BIRTH							

STATUS OF EARLIER UNIVERSITY EXAMINATIONS

SEMESTER	IF FULLY PASSED, THEN YEAR OF EXAM		IF NOT FULLY PASSED, THEN NO. OF BACKLOGS	% OF MARKS/ SGPA
	WINTER	SUMMER		
I				
II				
III				
IV				
V				
VI				
VII				

TUITION FEE PAYMENT STATUS

YEAR	BALANCE TUITION FEE YET TO BE PAID IN RUPEES AS ON THIS DATE	REMARKS (Not to be filled by the Student)
I		
II		
III		
IV		

UNDERTAKING

I do hereby declare that the above information is true and correct to the best of my knowledge. I shall abide by all the rules & regulations prescribed/ modified by the College from time to time. I know that 75% attendance is mandatory for appearing in the University examinations and if not complied I am liable to be detained from appearing in the examination.

I further know that in case of nonpayment of balance tuition fee, the appropriate action may be taken by the College Administration.

DATE - ____/____/20____

(Signature of the Student)