

COUNSELLING / REGISTRATION FORM

Date: _____

Reference (For Office Use): _____

Student's Personal Information

Student's Name : _____

Father's Name : _____

 Date of Birth _____ Gender: ☐ Male ☐ Female

Mobile _____ Email ID _____

 Full Address: _____

State _____ District _____ PIN Code _____

Educational Information:

Qualification	Board/University	Stream / Hons	Year of Passing	%
MATRIC		NA		
INTERMEDIATE				
GRADUATION				
PG				

Declaration

I hereby declare that above information is correct to the best of my knowledge and belief.

Counsellor Signature

Applicant Signature

FOR OFFICE USE ONLY

Counselor Name _____ Counsellor ID _____

Fees Paid _____ Balance Amount _____

Remarks: _____