



VIDYA RATTAN GROUP OF COLLEGES

Lehra-Sunam Road, Khokhar (Lehragaga)-148030

www.vidyarattan.com

Ph. 01676-278230

info@vidyarattan.com

REGISTRATION FORM

Personal Data of student :

Name

Gender (M/F) Category (SC/ST/GEN/OBC/PH/SIKH MIN.)

Date of Birth

Father's Name

Occupation

Mother's Name

Occupation

Annual Income

Permanent Address

City / Vill. Tehsil

Distt. Pin Code

STD Code Mobile

Landline No.

Please affix latest colored passport size photograph

Signature of Candidate

Bank Account Detail :

Bank Name IFSC Code

Branch Name

Account No.

Tick one of the following :

CE IT EE EE (PT) ECE ME CIVIL BCA B.COM

B.Sc(Agri.) D. Pharma ETT MCA

Direct Entry/ 1st Year JET

Later Entry / 2nd Year Management Quota

Fee Waiver Under any Category

JET DETAILS : Appeared/Not Appeared

If Appeared : Roll No. Rank

P.T.O

EDUCATION BACKGROUND :

| Sr. No. | Name of School/ITI/college | Class | Board/Uni. | Marks Obtd. | Total Marks | Percentage of Marks |
|---------|----------------------------|-------|------------|-------------|-------------|---------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

TRANSPORT FACILITY :

Required Not Required **If Required** From Station

DECLARATION/UNDERTAKING

I/We certify that the information furnished in this form is true to best of my/our knowledge and belief
Registration fee will not be refundable.

Signature of Candidate

Signature of Parent/Guardian

Date.....

Date.....

TO BE FILLED BY OFFICE :

Name

File No. Date

| Remarks | Documents Received | |
|---------|---|---|
| | <input type="checkbox"/> 10th | <input type="checkbox"/> UID |
| | <input type="checkbox"/> 10+2 | <input type="checkbox"/> Experience Certificate |
| | <input type="checkbox"/> ITI | <input type="checkbox"/> Others (If any) |
| | <input type="checkbox"/> Punjab Residence | |
| | <input type="checkbox"/> Category | |
| | <input type="checkbox"/> Income Affidavit / Certificate | |

Signature

Admission Cell Incharge

Principal

Chairman