



RKDF UNIVERSITY, RANCHI

Semester Registration Form

Year-

SL. No.....

Date.....

1. Name of the Student's

2. Father's Name

3. D.O.B Mob No. Aadhar No.....

4. Enrollment No. ABC ID..... Courses.....

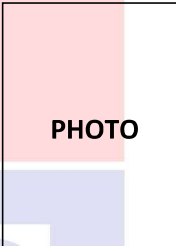
5. Department Subject..... Semester..... Session.....

6. Parents Contact No. Previous Semester SGPA..... CGPA.....

7. Blood Group What's App no. email id.....

8. During semester If Specialization opted

9. Paper (1)..... (2)..... (3)..... (4).....
(5)..... (6)..... (7)..... (8).....



Declaration

I hereby declare that I have chosen specialization of my own choice. I have opted specialization in..... for the semester.....in the year..... I have declared that the above given information are true and in best of my knowledge.

Signature of HOD

Signature of Student



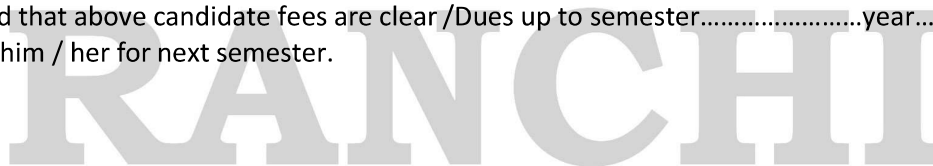
RKDF UNIVERSITY, RANCHI Semester Registration Form Year- Receipt

Mr. /Ms..... Enrollment No..... Course.....

Department..... Session..... Year.....

I t has verified that above candidate fees are clear /Dues up to semester.....year.....

So, we allow him / her for next semester.



Signature Accounts Department