RKDF UNIVERSITY, RANCHI

SEMESTER REGISTRATION FORM

Session: …….. **Date:** ……

PHOTO

Name (English) ……..
Name (Hindi) ……..
Fathers Name ……..
Mothers Name ……..
Enrolment number …… Date of Birth……
Adhar Number …… Blood Group ……...
Address ……
……
Contact No. ……Parent's Contact No.....
Email id…… ……WhatsApp No…….....
Department……Course……...ABC ID…….
Subject……..…Semester……Specialization……
Previous Semester……..SGPA……CGPA……

Papers	**Theory**	**Practical**
……	……	……
……	……	……
……	……	……
……	……	……
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……	……	……
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Declaration

I hereby declare that I have chosen specialization of my own choice. I have opted specialization in…….for the semester in……..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**

……...

Receipt

Mr. /Mrs……Enrolment No……Year…….....
Department……..Course……Session…….It has been verified that above candidate fess are clear/Dues up to semester……Year……..
So we allow him/her for next semester.

Signature of Accounts Department