Registration Form for Admission of Under Graduate/Post Graduate/Diploma/Certificate Courses

Name of UTD:
Faculty for which admitted:
Preference Dept.:
Student Full Name (Block Letter):
Name of Father/Husband:
Mother’s Name:
Date of Birth:
Address for Communication:
Phone No.:
Land Line:
Mob.:
Name of Entrance Examination:
Roll No.:
Marks obtained/Max Marks:
Name of Qualifying Exam:
Marks obt. In Qualifying Exam:
Aggregate in Qualifying Exam:
If Applicable Qualifying Exam:

Check list of original Enclosures submitted at the time of registration/reporting/counseling
Score Card of PEPT/AIEEE/C-MET/Pre MCA/GATE/GPAT /Other:
Admit Card of PEPT/AIEEE/C-MET/Pre MCA/PMT/PAHUT/PNST/Other:
Mark sheet of 12th class/Diploma/Certificate:
Mark sheet of 10th class:
Mark sheet of Graduation (Only for PG):
Mark sheet of Post Graduate (Only for PG):
Domicile Certificate:
SC/ST/OBC/PH/EX servicemen/J & K Migration:
Transfer Certificate/School Leaving Certificate:
Migration Certificate:
Character Certificate:
Gap Certificate (If Required):
Others:

Affix Passport Size Photo

Session 20__-20__
Registration for admission in _____________ fee to be paid is (i) year _____________ + Book bank
+ Uniform fee + Annual Function + Annual Magazine, (ii) year _____________ + Annual function + Annual
Magazine, (iii) year _____________ + Annual function + Annual Magazine, (iv) year _____________ +
Annual function + Annual Magazine
Candidates have to pay complete fees within one month of registration to the Department.

Sign of Parents/Student

Details of Registration fee received

1. (CASH/DRAFT/CHEQUE) Amount _____________ Bank Name & Branch Name _____________
   Dated _____________ D.D. No. _____________
   Receipt No. _____________ Dated _____________ Additional receipt No. _____________
   Dated _____________

Name & Sign. of Incharge  Name of Cell  Sign of Parent/Student  Sign of A/c

Declaration by Student/Parent/Guardian

1. (Self/on behalf of my ward) hereby declare that:
   a. The information given by me in the Application Form and all enclosures are true to the best of my
      knowledge. However, should it be found that any information/enclosures therein are
      untrue/wrong; I am/my ward liable to be disqualified for Admission.
   b. If I/my ward select ed for admission, I/my promise to abide by the rules & regulations of the
      Institute/University and maintain the discipline in the Institute and the Hostel.
   c. Initially the admission is provisional and i s subject to confirmation from counseling
      authority/University.
   d. It is compulsory for me/my ward to appear for counseling at the RKDF University or at any place
      directed by the counseling authority on the specified date and time failing which I/my ward’s
      registration will automatically be cancelled without any refund of fee.
   e. I understand that If I get my admission/registration cancelled. The fees deposited by me is
      non refundable.
   f. Cancellation of registration is not possible without paying the full fees for the entire course.
   g. I agree to pay fees for the whole course if I leave course in midstream.
   h. Any dispute is subject to Bhopal jurisdiction.

Place: _____________ Signature of Declarer: _____________
Date: _____________ Name of Declarer: _____________
                                                Relationship with Candidate: _____________

Please write in own hand writing & duly sign by student/parent/Guardian (on behalf of student):
(I have read, understand and noted the above information that the registration of my self/my ward is not
transferable/cancellable in any condition and whatever amount is deposited by me in the institute will not
refunded to me in any condition)
मैंने उपरोक्त जानकारी पढ़ एवं समझ ली है तथा किसी भी पटरित्वम में नेत्र रजिस्ट्रेशन या एडमिशन ट्रांसफर या केसिल नहीं
होगा तथा महाविद्यालय में जो भी मेरे द्वारा राशि जमा की गई है वह किसी भी स्थिति में वापस नहीं होगी।

Name and Signature