



RANCHI UNIVERSITY, RANCHI

REGISTRATION FORM

Reg. Fee Rs.

Receipt No.

Date

1. NAME (IN BLOCK LETTERS)
2. FATHER'S NAME
3. MOTHER'S NAME
4. DATE OF BIRTH

Date Month Year
5. COLLEGE/DEPTT.
6. SEX ('M' OR 'F')
7. CATEGORY (ST/SC/BC-1/OBC/GEN)
8. PRESENT ADDRESS
9. PERMANENT ADDRESS
10. NAME IN HINDI
11. LAST EXAM PASSED Board / University
12. PREVIOUS REG. NO. (Attach Original Migration)
13. PHONE NO.
14. E-MAIL
15. BLOOD GROUP
16. MARK OF IDENTIFICATION
17. OLD REGISTRATION NO. RU (If any) :
18. SUBJECT FOR B.A./B.Sc./B. Com. FOR P.G. & OTHERS

| | |
|----------------|---------|
| HONS - | |
| MIL - | NH - MB |
| SUBSIDIARY/GEN | - I |
| SUBSIDIARY/GEN | - II |
| GEN | - III |

* Please attach the original copy of the migration certificate and photocopy of the relevant documents.



DECLARATION

The above informations are correct to the best of my knowledge. In case of any wrong information. I shall be held responsible and university may take appropriate action.

Date

Place

Signature of the Candidate.

CERTIFICATE BY THE PRINCIPAL/HOD

This is to certify that the information submitted above are according to the records of this office. His/her, application may be considered for registration in the university.

Signature of the Principal/HOD with Seal

Encl.

1.

2.

3.

FOR OFFICE USE ONLY

The application has been scrutinized and registration may be made.

Assistant

S.O.

Asst. Registrar

Alloted Registration No.