

DR. APJ ABDUL KALAM INSTITUTE OF TECHNOLOGY, TANAKPUR

REGISTRATION FORM
SESSION: 20 -20 (ODD/EVEN SEMESTER)
(Make all entries in capital letters)

Branch:..... Roll No.:.....

Name of Candidate :.....

(As per 10th standard certificate)

Father's Name:.....

Mother's Name :.....

Date of Birth (DD/MM/YYYY):/...../.....

Category:..... Sub-Category :.....

Correspondence Address :.....

.....

.....

Pin Code:

Permanent Address :.....

.....

.....

Pin Code:

Phone (with STD code)/ Mobile Number

Self/Personal	Father	Mother	Local Guardian

E-Mail ID:

Educational Qualifications:

S. No.	Exam Passed	Board/ University	Name of School/College	Year of passing	% of Marks	Division
1.	10 th					
2.	10 ⁺²					
3.	Diploma					
4.	B.Tech 1 st Year					
5.	B.Tech 2 nd Year					
6.	B.Tech 3 rd Year					
7.	B.Tech 4 th Year					

Theory & practical subject details with subject code in current semester.

Theory Subject Name & Code.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Practical Subject Name & Code.

- 1)
- 2)
- 3)
- 4)

Details of Back Papers (Theory and Practical) if any:

S. No.	Semester	Subject Code	Name of Subject

DECLARATION

I shall abide all the rules and regulation of the institute or any other rules as and when announced by the Institute administration.

Date:.....

Name and signature of student

(For Office use only)

Academic Session:.....

Institute Registration No:.....

Signature of Verifying Officer

Signature of Officer In-Charge

(Academics)