



# SARVEPALLI RADHAKRISHNAN UNIVERSITY

(Statutory University established by Govt. of M.P. under section 2(f) of UGC act)  
Approved by : AICTE, PCI, DCI, CCH, BCI, Paramedical Council, INC, NMC & New Delhi, Member of AIU  
NH-12, HOSHANGABAD ROAD, MISROD, BHOPAL-462047 (M.P.)

Form No.: **2891**

## REGISTRATION FORM

Session .....

Please Affix a passport size photograph

Name of University .....

Name of Institute .....

Course for which admitted .....

Student's Name

Father's Name

Mother's Name

Date of Birth  Gender M  F

Address

Pin No.

Mobile No.  Student  Father  Guardian

Aadhar Card No.  Blood Group

E-mail Id .....@.....

Entrance Exam

Name of Exam	Roll No.	Max. Marks	Obtained Marks	Rank

Qualifying Exam

Name of Exam	Board / University	Year of Passing	Roll No.	Max. Marks	Obtained Marks	%
10th						
12th						
Diploma						
Graduation						
Other (PG)						

Category GEN  OBC  SC/ST  OTHER

Residential MP  Other Mention Here

Documents (in original) 10th  12th  Provisional  T.C.  Migration

Income Cert  Caste Cert  Domicile Cert  Other .....

Signature of Guardian

Signature of Candidate

### Fees Details

Registration for Admission taken in ..... and total fees Commitment for

1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year  5<sup>th</sup> Year

(fees may change any time as per the order of AFRC/MPPURC, Bhopal) Details of any installment if given

Concession in fee (if any)  Book Bank  I  E Uniform  I  E Bus  I  E Hostel  I  E

Reference

Candidate has to pay the complete fees within one month of registration to the institute.

Signature of Student / Parent

### Details of Registration fee received

Details of Challan/Online/Draft No. .... Dated ..... Branch Name .....

Amount Rs. .... Name of the Bank & Address .....

I have read & noted the above fee commitment / Schedule

Name & Signature of Parent

Name & Signature of Student

### Declaration by Student / Parent / Guardian

(Self/ on behalf of my ward) hereby declare that :

1. 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.
2. If I / my ward selected 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.
3. Initially the admission is provisional and is subject to confirmation from the counseling authority Concerned University and State government.
4. It is compulsory for me / my ward to appear for online counseling at any place directed by the counseling authority within the specified date an time failing which, I / My ward's registration will be automatically cancelled without any refund of fee.
5. **I understand that if I get my admission registration cancelled, The fee deposited by me is non refundable.**
6. **Cancellation of admission is not possible without paying the full fees for the entire course.**
7. I undertake to abide by the "Student Leaving Midstream" clause of the Prospectus and agree to pay fees for the whole course if I leave course in midstream.
8. Any dispute is subject to Bhopal Jurisdiction.

Signature of Parent : \_\_\_\_\_

Name of Parent : \_\_\_\_\_

Date : \_\_\_\_\_

Parent Mobile No. : \_\_\_\_\_

Place : \_\_\_\_\_

Relationship with Candidate : \_\_\_\_\_

Please write in own hand writing & duly sign by student/parent/Guardian (on behalf of student) :

(I have read, understood 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 / University will not be refunded to me in any condition)

मैंने उपरोक्त जानकारी पढ़ एवं समझ ली है तथा किसी भी परिस्थिति में मेरा रजिस्ट्रेशन या एडमिशन ट्रांसफर या कैंसिल नहीं होगा तथा महाविद्यालय / विश्वविद्यालय में जो भी मेरे द्वारा राशि जमा की गई है वह किसी भी स्थिति में वापस नहीं होगी।

Name & Signature of Student