



# Shri Guru Ram Rai Institute of Technology and Science

Patel Nagar, Dehradun 248001 (UA)

## REGISTRATION FORM

<b>Programme Applied for</b>	MBA(FT)	MCA	B.Pharm	M.Pharm	BBA	BCA	MBA(PT)	M.Sc.	B.Sc.
<b>Category</b>	SC	ST	OBC	PHC	Gen.	J&K	K/Mgr.	Others	
<b>Admission Test</b>	MAT			GATE			UTUEE		
<b>Admission Test Roll No.</b> .....									
<b>State of Domicile</b> ..... <b>Date</b> .....									

**Fill in Block Letters**

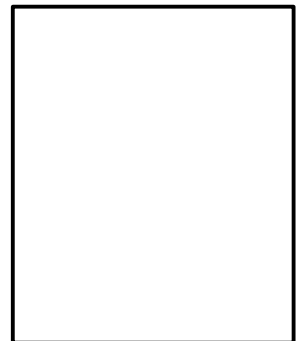
1. Name .....
2. Father's Name .....
3. Permanent Address .....
4. Present Address .....
5. PIN 

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6. Tel. No. ....
7. Date of Birth 

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8. Sex 

Male		Female
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9. Status 

Married		Unmarried
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**10. Academic Qualifications :**

Level	Board/University	Aggr.%	Year	Subjects
10 <sup>th</sup> Std				
12 <sup>th</sup> Std				
Graduation				
Post Graduation				
Others				

**11. Work Experience, if any (enclose certificate)**

The above mentioned information is complete and true to the best of my knowledge and belief. I undertake to abide by all the rules and regulations of the Institute in force from time to time.

**Date :**

**Place:**

**(Signature of the Candidate)**

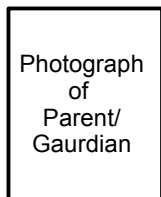
**Acknowledgement**

Received Form No..... from Mr./Mrs..... for .....course on.....

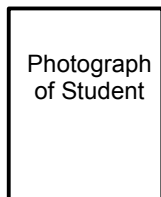
**Signature**

I ..... S/o, D/o, W/o..... R/o.....  
of course .....Semester/year, hereby affirm and state as under :

1. The documents and other information submitted by my ward to the Institute are true and to the best of my knowledge and belief. I understand that if any document or information is found to be false, admission of my ward shall be liable to get cancelled and fee deposited will be forfeited.
2. I AM AWARE THAT INSTITUTE HAS POLICY OF “ZERO TOLERANCE TO RAGGING”. In case my ward is found involved in any form of RAGGING, he/she shall be liable to punishment that may result into expulsion/rustication from the Institute.
3. That we have obtained the brochure containing the rules and regulations of the Institute and have read them thoroughly. We undertake and understand that failure of my ward to abide by any of rules and regulations shall make him/her liable to disciplinary action, including rustication by the Institute authorities. We understand that the decision of the Director of the Institute in this regard shall be final for me and my ward.
4. That my ward shall not indulge in any political activities and influence the Institute by any pressure from outside, which is against the norms of the Institute.
5. That my ward shall maintain good behave and abide by the University Act, Statutes, Ordinances, Regulations and other instructions issued by the Institute / University, and other competent authorities from time to time.
6. I understand that as per the University norms 75% attendance of my ward in academics is compulsory for him/her to appear in Internal as well as external examination.
7. That my ward will not involve in cheating or helping others to cheat in examination which cause disturbance, disruption, dislocation, etc. in the smooth functioning of the Institute and if found shall be liable to punishment including expulsion from the Institute.
8. That my ward will not indulge in smoking, consumption of pan masala, gutkha, drugs, narcotics and alcoholic beverage and will not keep any weapon with him/her. If found, he/she shall be strictly dealt with disciplinary action of the institute.
9. That my ward will neither indulge in any amalgamation and violence of any kind that leads to destruction, quarrel, and disturbing peaceful and academic ambience in the Institute.
10. I fully understand that address and telephone numbers given by me are correct and in case of any change, it will remain compulsory for me to inform the Institute. In case, any of the contact number submitted by me is found to be incorrect, my ward shall be liable for disciplinary action by the Institute.



(Signature of Parent / Guardian)



(Signature of Student)

Name:.....

Address :.....

.....

Phone No.:.....

Mobile No:.....

Date:.....

Place:.....

Name:.....

Course:.....Sem/Yr:.....

Phone No :.....

Mobile No:.....

Date:.....

Place:.....