GOVERNMENT OF ARUNACHAL PRADESH

GOVERNMENT POLYTECHNIC COLLEGE

ZIRO-791120, LOWER SUBANSIRI DISTRICT

REGISTRATION FORM

Session: Jul-Dec _____
Jan-Jun _____ **SEMESTER: _____** **Academic Year: _____**

Paste your recent photo

Registration No:

Roll No:

Date of admission:

D	D	M	M	Y	Y	Y	Y

Diploma in:

CE ☐ **CSE** ☐ **EEE** ☐

A] Personal Information:

1	Name of the student (In BLOCK LETTERS)	:	
2	Sex	:	Male ☐ Female ☐
3	APST/Non APST	:	APST ☐ Non-APST ☐
4	Caste/Tribe	:	SC/ST ☐ OBC ☐ Others _____
5	Religion	:	_____
6	Date of Birth	:	D D M M Y Y Y Y
7	Aadhar No.	:	
8	Blood Group	:	_____
9	Father's Name	:	
11	Mother's Name	:	

B] Contact Details:

	Mobile No.	What's App No.	Email Id
Student			
Father			
Mother			
Local Guardian			

C] Communication Address:

	Permanent	Present	Local Guardian
Building/street/Door No.			
Village/Town			
Post Office with PIN			
Police Station			
District			
State			

D] Details of the courses failed in the previous semesters (if applicable):

Sr. No.	Course Code	Course Title	Semester	Credits

E] Details of the courses registered in the current semester:

Sr. No.	Course Code	Course Title	Credits
		Total	

Declaration

I, Mr./Ms. _____S/o, D/o_____ registered for the Diploma in _____, hereby declare that the information provided above is true to the best of my knowledge. I understand that in the event of misinformation, if any, my candidature is liable to be cancelled at any point of time without any notice and I am not entitled for any refund. I, also undertake that I will abide by the rules and regulations of the Institute and decision of the Institute shall be biding upon me, in case of disciplinary action, if any.

Signature of the student with date

The particulars filled up by the above student is verified and found correct. The student is eligible for admission in the _____ semester.

Date: _____ Signature of the HoD

Details of Academic/Semester fee paid:

Amount: **Rs. 4975.00** (Rupees Four Thousand Nine Hundred Seventy-Five) Only

Book No._____ Receipt No._____ Date_____

Sign of the Cashier/Accountant

Remarks/Comments, if any.

Signature of the Principal with seal