



**REGISTRATION FORM**

Attach Attested  
Passport Size  
Recently taken  
Photograph  
of Candidate

Father's  
Passport size  
Photograph

Mother's  
Passport size  
Photograph

Roll No. ....  
Merit Position in State Exam  
AIEEE...../JEE.....  
(i) 10+2.....  
(ii) CAT.....  
(iii) MAT.....  
(iv) Other.....

24. Name of local guardian, relationship and address (Telephone No.)

Guardian's Name \_\_\_\_\_

Address & Telephone No. \_\_\_\_\_

Relation \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Issue \_\_\_\_\_

Expiry Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

25. Finance

How will you meet the total expenses of your study?

Who is expected to pay your fees: \_\_\_\_\_

Please give details of any scholarships of grants (For your proposed study) that

(i) You have already obtained \_\_\_\_\_ (ii) You have applied for \_\_\_\_\_

(iii) Name of relationship of person who will pay your fees \_\_\_\_\_

26. Work Experience : Give details of work experience, training and employment.

Continue on a separate sheet if necessary.

Job title	Name of organization Nature of work / Training	Full Time or Part Time	From		To	
			Month	Year	Month	Year
Last two educational establishments Attended Name and Address of the two most Recent educational establishments attended		From		To		
		Month	Year	Month	Year	

1. Academic Session \_\_\_\_\_

2. Name of Candidate \_\_\_\_\_

3. University Enrollment No. (For Office Use Only) \_\_\_\_\_

4. Name of The Program Applied for \_\_\_\_\_  
Have you applied in IEC University earlier, if yes give details

5. Total Amount of Demand Draft \_\_\_\_\_

DD No.	Dated	Amount	Drawn On

6. Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

PAN No. \_\_\_\_\_ Driving License No. \_\_\_\_\_ Passport No. \_\_\_\_\_

Nationality \_\_\_\_\_

Educational Qualification of Father \_\_\_\_\_ Mother \_\_\_\_\_

7. Is Hostel Accommodation required? (Yes \_\_\_\_\_ / No. \_\_\_\_\_ )

8. Any Medical Problem-PI. Specify \_\_\_\_\_ (Attach Medical Certificate)

9. Details of Qualifications \_\_\_\_\_

Examination	Institution	Roll No.	Year of Passing	Board/ University	Marks Obtained	Max. Marks	% of Marks	Division
High School								
Intermediate Or (10+2)								
Graduation								
Diploma								
Other								

I hereby declare :

(i) That all the particulars stated in this application are true to the best of my knowledge and belief. I have read the information Brochure/Prospectus and the Admission Procedure booklet, and I shall abide by the terms and conditions therein enforced from time to time in future. In the event of suppression or distortion of any fact like qualification, nationality etc. made in the application form, I understand that the decision of the authorities of University regarding my admission/registration will be final I shall abide by their decision. Further , If I am admitted, I promise to abide by the rules and regulation & disciplinary norms of the University and hostel.

Signature of Candidate

Signature of Parent/Guardian

Signature of Candidate

Signature of Parent/Guardian



Have you been expelled / rusticated from School / College / Institute. If so give details.

\_\_\_\_\_

10. Gender (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

11. Mobile No. (S) \_\_\_\_\_ Land Line No. \_\_\_\_\_

12. Fax No. \_\_\_\_\_ E-mail (if any) \_\_\_\_\_

13. Address in Parent Country \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

14. Local \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

15. Religion \_\_\_\_\_

16. State of Domicile \_\_\_\_\_

17. Name, Relationship and Telephone No. of Local Guardian \_\_\_\_\_

(Telephone No) \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address & \_\_\_\_\_

Telephone No. \_\_\_\_\_

18. Relation with guardian \_\_\_\_\_

19. Reference (s) \_\_\_\_\_

Please give the name and address of two referees below. Your referees can be asked to provide details of your academic ability. (They should not be your parents/guardians)

(A) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

Signature of Candidate

Signature of Parent/Guardian



(B) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

20. Additional Information \_\_\_\_\_

If you have indicated a disability/special need, please, indicate below which statement is most appropriate to you:

Do you have dyslexia?  Y  N Are you visually handicapped?  Y  N

Do you deaf/have a hearing Impairment?  Y  N having mobility difficulties?  Y  N

Are you wheelchair user

Do you need personal care support?  Y  N Do you have mental health Difficulties?  Y  N

Do you have an unseen disability eg. Diabetes, epilepsy, asthma?  Y  N

Do you have two or more of the above disabilities/special needs?  Y  N

Do you have a disability not listed above? (If yes, please specify)  Y  N

**FOR PIO/FNS/GCSWF/NRI STUDENTS**

Tick the Category PIO  FNS  GCSWF  NRI

21. Whether Foreign National/PIO \_\_\_\_\_

22. Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

23. Details of Father's/Guardian's Passport \_\_\_\_\_ Details of Mother's Passport \_\_\_\_\_

Passport No.	
Date of Issue	
Date of Expiry	
Place of Issue	

Passport No.	
Date of Issue	
Date of Expiry	
Place of Issue	

Signature of Candidate

Signature of Parent/Guardian