SARVEPALLI RADHAKRISHNAN UNIVERSITY, BHOPAL

(Established under M.P. Act No. 17 of 2007 & Covered u/s 2 (f) of UGC Act)

ENROLLMENT FORM

Self Signed & Duly attested passport size photograph from the head of the institution with seal

To,
The Registrar,
Sarvepalli Radhakrishnan University,
Bhopal.

Sir/ Madam

Giving the following details, I request you to please Enroll me the Sarvepalli Radhakrishnan University , Bhopal and also communicate me the allotted Enrollment Number. I have read all the rules, regulations and ordinances of the University relevant to me and I promise to abide by them. I also promise to obey all the rules and regulations enforced by the university in future.

1. (a) Name (in capital letters) Mr./ Ms.: (as per mark sheet/ passing Certificate)

(Surname) (First name) (Middle Name)

(b) Name of Student in Hindi .....

(c) Gender Male ☐ Female ☐

2. (i) Name of Father.....

(ii) Name of Mother .....

3. Date of Birth Date Month Year

4.(i) Category Gen ☐ OBC ☐ SC ☐ ST ☐ Other Class ☐

(ii) Religion .....

5. Date of Admission Date Month Year

6. Name of the Constituent/ Institute Being admitted

7.Name of the Board / University :

	Class	Board/ University	Passing Year	Marks Obtained
Already Passed	10th	.....	.....	.....
	10+2	.....	.....	.....
	Graduation	.....	.....	.....
	Other	.....	.....	.....

8. Name of the course in which admitted : Branch

9. Mode of admission:.....

10.Name of the Board/ University last attended with year .....

11. Migration certificate No. if any (attach in original).....

12. Permanent Postal Address .....

..... Tel No. (With STD Code).....

E-mail :..... Mobile No.....

Date:..... Signature.....

CERTIFICATE

Certified that the above student has been admitted to this institution through procedure as laid down by the Statutes and the entries above have been checked and verified by me from the records. Therefore I recommend that he/she should be enrolled as requested by the student.

Date :.....

Signature of the
Head of the institution with seal