

Dr. HARIVANSH RAI BACHCHAN MAHAVIDYALAYA

(Affiliated to C.S.J.M. Kanpur, Lalua Kheda (Deeh), Unnao)

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APPLICATION FOR REGISTRATION

S.No. _____

Date _____

1. Name of the Course _____

2. Name of the Applicant _____

3. Father's/Guardian's Name _____

4. Father's Occupation _____

5. Mother's Name _____

6. Permanent Address. _____

7. Phone No./ Mobile No. _____

8. Date of Birth _____

9. Academic Record

Examination Passed	Subjects	% of Marks (Concerned Subjects)	% of Marks (Overall)	Division
10 th				
10 + 2				
Graduation				
Post Graduation				

10. Gen./OBC/SC/ST _____

11. Facilities Required (Hostel/Bus) _____

12. Registration Amount Deposited _____ D.D. No. _____ Dated _____

Signature of Guardian

Signature of Candidate

Affix
Passport size
Photograph