श्री माता वैष्णो देवी विश्वविद्यालय
Shri Mata Vaishno Devi University

Faculty of _____ School of _____

Student Registration Form

Entry Number_____

1. Name of the student _____ 2. Parent/Guardian's Name _____
2. Address :

Permanent Address	Correspondence Address

3. Tel No._____ Mob No._____ E-mail _____

   Parent/Guardian's E-mail & Phone No. _____

   Enrolment Data:

4. Program B.Arch./B.Tech. _____/MBA/M.Tech. _____ M.Sc. _____M.A. _____

   Integrated Program _____.

5. Academic Session _____ Semester : Odd/ Even

Fees Type	Transaction Amount	Transaction/UTR No.	Date of Fee Payment	Account Holder Name
Fees (Tuition + Annual)				
Hostel Fee				
Mess Fee				

6. Courses Enrolled for

Code	Course	L-T-P	Credits

7. Total Credits for which registered in the Semester _____.

   Date: (Student Signature)

   Contents of the Form have been checked &Verified

   I/c Faculty Registration (School Level) _____

   Head/I/c Head _____