

REGISTRATION CARD



**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE
AUTUMN / SPRING SEMESTER REGISTRATION FOR 20..... - 20.....**

Full Time/Part- Time

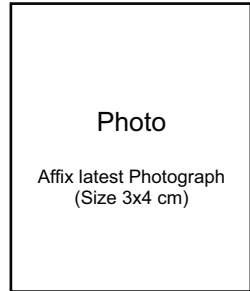
Enrollment No.

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STUDENT COPY

1. Full Name (in Capital Letters) :
2. Class : Deptt. : Year: I, II, III
(Specialization in case of M.Tech./M.Sc) : Branch :
3. Bhawan : Room No. :
4. Category (GEN/SC/ST/OBC) : Date of Birth (DD/MM/YYYY): :
5. Physically Disabled : Yes No
Type of disability : Since when :
6. Name of Bank :(only PNB/SBI, IITR)
7. Bank Account No. :

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8. Student's Mobile No. :
9. Student's E-Mail :
10. Nationality : Indian Foreign Country..... Blood Group :
11. Marital Status : Married Unmarried Male Female
12. Father's Name : Designation :
- Office Address : Occupation :
- Father's Phone Nos: (Mobile)(Home).....(Office).....
13. Mother's Name : Parent's E-mail :.....
- Mother's Phone No(s): (Mobile)(Home).....(Office).....
14. Permanent Home Address : Pin :
- Phone No :
- Nearest Railway Station :
15. Guardian(if any) :
- Address : Phone No :



RESIDENT/NON RESIDENT w.e.f. date

Dean of Students' Welfare

For Office Use

Registered on: (date)

Date of Joining:

Date of Leaving:

Declaration : I undertake to abide by all the rules, regulations and standing orders for students in vogue from time to time. I shall immediately provide the changes (if any) in address / mobile no. of myself and my parents.

Signature of the Student

For CCB

Joint Registrar (Ac.)

REGISTRATION CARD



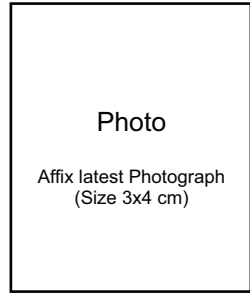
**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE
AUTUMN / SPRING SEMESTER REGISTRATION FOR 20..... - 20.....**

Full Time/Part- Time

Enrollment No.

DOSW COPY

1. Full Name (in Capital Letters) :
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(Specialization in case of M.Tech./M.Sc) : Branch :
3. Bhawan : Room No. :
4. Category (GEN/SC/ST/OBC) : Date of Birth (DD/MM/YYYY) :
5. Physically Disabled : Yes No
Type of disability : Since when :
6. Name of Bank :(only PNB/SBI, IITR)
7. Bank Account No. :
8. Student's Mobile No. :
9. Student's E-Mail :
10. Nationality : Indian Foreign Country..... Blood Group :
11. Marital Status : Married Unmarried Male Female
12. Father's Name : Designation :
Office Address : Occupation :
- Father's Phone Nos: (Mobile)(Home).....(Office).....
13. Mother's Name : Parent's E-mail :.....
 Mother's Phone No(s): (Mobile)(Home).....(Office).....
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REGISTRATION CARD



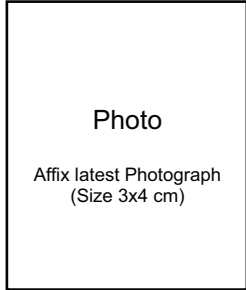
**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE
AUTUMN / SPRING SEMESTER REGISTRATION FOR 20..... - 20.....**

Full Time/Part- Time

Enrollment No.

MESS COPY

- 1. Full Name (in Capital Letters) :
- 2. Class : Deptt. : Year: I, II, III
(Specialization in case of M.Tech./M.Sc) : Branch :
- 3. Bhawan : Room No. :
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Type of disability : Since when :
- 6. Name of Bank :(only PNB/SBI, IITR)
- 7. Bank Account No. :
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- 9. Student's E-Mail :
- 10. Nationality : Indian Foreign Country..... Blood Group :
- 11. Marital Status : Married Unmarried Male Female
- 12. Father's Name : Designation :
Office Address : Occupation :
- Father's Phone Nos: (Mobile)(Home).....(Office).....
- 13. Mother's Name : Parent's E-mail :.....
Mother's Phone No(s): (Mobile)(Home).....(Office).....
- 14. Permanent Home Address : Pin :
..... Phone No :
Nearest Railway Station :
- 15. Guardian(if any) :
Address : Phone No :



RESIDENT/NON RESIDENT w.e.f. date

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REGISTRATION CARD



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AUTUMN / SPRING SEMESTER REGISTRATION FOR 20..... - 20.....**

Full Time/Part- Time

Enrollment No.

JOINT REGISTRAR (ACD.) COPY

1. Full Name (in Capital Letters) :
2. Class : Deptt. : Year: I, II, III
(Specialization in case of M.Tech./M.Sc) : Branch :
3. Bhawan : Room No. :
4. Category (GEN/SC/ST/OBC) : Date of Birth (DD/MM/YYYY) :
5. Physically Disabled : Yes No
Type of disability : Since when :
6. Name of Bank :(only PNB/SBI, IITR)
7. Bank Account No. :
8. Student's Mobile No. :
9. Student's E-Mail :
10. Nationality : Indian Foreign Country..... Blood Group :
11. Marital Status : Married Unmarried Male Female
12. Father's Name : Designation :
- Office Address : Occupation :
- Father's Phone Nos: (Mobile)(Home).....(Office).....
13. Mother's Name : Parent's E-mail :.....
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15. Guardian(if any) :
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Date of Leaving:

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Joint Registrar (Acad.)

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AUTUMN / SPRING SEMESTER REGISTRATION FOR 20..... - 20.....**

Enrollment No.

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Full Time/Part- Time

FINANCE & ACCOUNTS COPY

1. Full Name (in Capital Letters) :
2. Class : Deptt. : Year: I, II, III
(Specialization in case of M.Tech./M.Sc) : Branch :
3. Bhawan : Room No. :
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Father's Phone Nos: (Mobile)(Home).....(Office).....
13. Mother's Name : Parent's E-mail :
Mother's Phone No(s): (Mobile)(Home).....(Office).....
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