



**क्षेत्रीय जैवप्रौद्योगिकी केन्द्र**  
**REGIONAL CENTRE FOR BIOTECHNOLOGY**

**STUDENT REGISTRATION FORM**

**Name of the Institution:**

<b>Personal Data</b>					
<b>Name (in block letters)</b>				<i>Affix your Recent Passport size Colour Photograph</i>	
<b>Date of Birth (DD/MM/YYYY)</b>					
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
<b>Phone</b>	Res:	Mobile:			
<b>E-mail</b>					
<b>Name of Father</b>					
<b>Name of Mother</b>					
<b>Category</b>	Gen / OBC / SC / ST / EWS / PwD				
<b>Nationality</b>					
<b>Permanent Address with PIN code</b>					
<b>Emergency Contact</b>					
<b>Passport Number (in case of foreign student)</b>					
<b>Academic Record (Bachelor's degree onwards)</b>					
Examination Passed	University	Subject/s	Year of Passing	% of marks obtained	
<b>National Level Entrance Examination qualified</b> (Please attach the relevant proof)					
<b>Name of the Entrance Examination</b>			<b>Year of Qualifying:</b>		

I hereby declare that the information furnished herein is true to the best of my knowledge.

Date:

Place:

Signature of the Student

**ACADEMIC COORDINATOR**  
Signature and Stamp