



RAJ KUMAR GOEL INSTITUTE OF TECHNOLOGY (MBA INSTITUTE), GHAZIABAD

An ISO 9001:2008 Certified Institute

COLLEGE CODE: 639

Estd:2003

5TH KM STONE DELHI-MEERUT ROAD, GHAZIABAD-201003
Ph: 0120-6517163, 2788273 Fax: 2788350 www.rkgit.edu.in

REGISTRATION FORM

(Please fill this form in capital letters)

Affix your
recent
photo in
college
uniform

UPSEE Roll. No:

Name of Student:

Date of Birth:

Gender: Male/Female

Category: GEN/OBC/SC/ST

Hostler/Day Scholar

Nationality:.....

Caste :.....

Blood Group.....

Mobile. No's:.....

.....

Background: Urban/Rural

Email id:.....

Identification Mark.....

Address:

.....Pin :.....

English Proficiency:.....

Academic Achievements:

.....

Any work experience.....

Give details of marks obtained in previous examination Result

	Roll. No	Stream/ Medium	Name of. School/College	Board/ University	Passing Year	Max Marks	Marks Obtd.	% age
10 th								
12 th								
Grad.								
P.G								
Other								

Please Turn Over

Family Details						
	Name	Occupation	Designation	Qualification	Annual Income	Mobile. No
Father's						
Mother's						
Guardian						

DECLARATION: I confirm that the information provided by me in this application form is accurate and correct. I hereby promise and also duly undertake to attend all the classes including the extra classes, if any, to make me eligible for appearing in the Sessional/End Semester examinations, I also monitor my ERP account on daily basis. I have gone through the University ordinance regarding the attendance, In case I fail to achieve 75% attendance, I will not be eligible for appearing in the sessional as well as the End Semester Examinations and I have no claim on Institution/University. I shall be solemnly responsible for the same.

(Signature of the student)

(Signature of Parents/Guardian)

Date.....

Date.....