RAJ KUMAR GOEL INSTITUTE OF TECHNOLOGY
5th Km. Stone, (Opp. Jain Tube Co.Ltd.) Delhi –Meerut Road, Ghaziabad (U.P.) - 201003
Phone: (0120) 2788273,2788409,2788447 Fax :( 0120) 2788350

REGISTRATION FORM

ENTRANCE TEST ROLL NO.: ………………………………………..      RANK ………………..

BRANCH …………………………………………………………………………………..

Admission to the Degree Programme in RAJ KUMAR GOEL INSTITUTE OF TECHNOLOGY, GHAZIABAD recognized by the A.I.C.T.E. and affiliated to G.B. Technical University / C.C.S.U.

1. NAME IN FULL (CAPITAL LETTERS)………………………………………………… 
2. DATE OF BIRTH…………………………… 3. NATIONALITY……………………………
4. CATEGORY: GENERAL/SC/ST/OBC …………….. 5. SEX: MALE / FEMALE ……………
6. STATE OF DOMICILE ……………………….. 7. NEAREST RLY.STN. …………………
8. FATHER’S NAME…………………… 9. OCCUPATION…………………………… 10. DESIGNATION …………
8. (a) MOTHER’S NAME……………  9 . (a) OCCUPATION………………. 10. (a) DESIGNATION …………

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<th>CORRESPONDENCE ADDRESS</th>
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11. ACADEMIC QUALIFICATION

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<th>INSTITUTION NAME &amp; ADDRESS</th>
<th>BOARD/UNIVERSITY</th>
<th>YEAR OF PASSING</th>
<th>OVERALL % age</th>
<th>P.C.M.% age</th>
<th>SUBJECTS OFFERED</th>
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12. DO YOU REQUIRE HOSTEL ACCOMODATION......... Yes/No............ DOUBLE / TRIPLE SEATER.

DECLARATION: I confirm that the information provided by me in this application form is accurate and correct. I understand that in the event of my admission, if any information provided here by me found untrue, my admission could be cancelled without any notice.

I further declare that I have never debarred from any examination or rusticated by any Institution/University. I also declare that I have not been convicted by any court in India or abroad at any time for any criminal offence and sentenced to imprisonment as well as no proceedings are pending against me before a criminal court in India or abroad.

I further confirm and undertake to abide by the Rules & Regulations as framed form time to time by the G.B. Technical University/ C.C.S.U. as well as those by the Management of the Institute.

Date:.............. Signature in Full....................................................

I confirm that the above DECLARATION made by my ward is correct and he/she will maintain discipline of the Institute and abide by all the Rules & Regulations.

Signature of Father/Guardian .............................

Date:.................. NAME .................................