



लोकमाता देवी अहिल्या बाई होल्कर राजकीय इंजीनियरिंग कॉलेज मैनपुरी

Lokmata Devi Ahilya Bai Holkar
Rajkiya Engineering College Mainpuri

An AICTE approved Government Engineering College affiliated to Dr. A. P. J. Abdul Kalam Technical University, Lucknow, U.P.

Student Registration Form

Name of Student					
Branch		Year		Semester	
University Roll No.			Session		
Academic Status	Regular <input type="checkbox"/> Ex. <input type="checkbox"/> Readmitted <input type="checkbox"/>				
Father's Name			Father's Contact No.		
Guardian Name			Guardian Contact No.		
Correspondence Address					
Permanent Address					
Student Mobile No.			Email-ID		
Category (GEN/SC/ST/OBC/EWS)			Gender		
Are you availing a scholarship from the UP Government for fee reimbursement: Yes/No					
Have you availed hostel in the previous session: Yes/No					
If Yes, Name of Hostel:					

Fee Deposit Details

Description of Fees	Amount (₹)	DD No. / Transaction ID with Date&Issuing Bank	Dues (for Office Use)
Institute Fees			
Hostel Fees			
Mess Advance Fee			
Any Other			
Total Fees Submitted			

Date:

Signature of Student

Remark (If Any):

Verified by Account Section (Signature with Date)

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Acknowledgment Slip (to be handed over to the student)

Name..... Roll No.....

Branch & YearSemester

Allowed to attend the class (Yes/No).....

*Registration confirmation subject to the declaration of result and promotion in as per AKTU norms.

Remark (If Any):

Verified by Account Section (Signature with Date)

Class Coordinator (Signature with Date)

Head of Department (Signature with Date)

Academic Record

Semester	I	II	III	IV	V	VI	Grand Total
Marks obtained							
Total Marks							
Percentage/CGPA							

Subjects of Study with code in the Current Semester

Sl. No.	Name of Subject	Subject Code	Credit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

MOOCS Course (Planned to Undertake):

*Registration confirmation subject to the declaration of result and promotion in as per AKTU norms.

Date:

Signature of Student

Class Coordinator (Signature with Date)

Head of Department (Signature with Date)