ARYABHATTA KNOWLEDGE UNIVERSITY, PATNA

(Established by the State Legislature Act XXIV of 2008)

REGISTRATION FORM

IMPORTANT: TO BE FILLED IN BY THE CANDIDATE NEATLY AND LEGIBLY IN HISHER OWN HANDWRITING. INCOMPLETE FORM WILL BE REJECTED.

INSTRUCTIONS

1. Please read the instructions in the information brochure before filling up this form.
2. Use BLACK BALL POINT PEN in boxes using English capital letters or English numerals.
3. Do not make any stray marks on this sheet.
4. Do not staple, pin, wrinkle, scribble, tear, wet or fold this sheet.
5. Write in CAPITAL LETTERS only within the box without touching the lines as shown in the Sample below.

0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Form Number: XXXXXXXXX

REGISTRATION NO. (to be allotted by the Univ. office)

NAME OF THE COLLEGE WHERE ADMISSION TAKEN: | COLLEGE CODE | COLLEGE ROLL NO.

1. COURSE FOR WHICH REGISTRATION IS SOUGHT FROM AKU:
(COURSE CODE WILL BE PROVIDED BY UNIVERSITY DURING THE PURCHASE OF THE FORM)

Course Code | Course Name

2. NAME OF THE CANDIDATE: (as per High School records)

3. FATHER'S NAME: (Shri) (as per High School records)

4. MOTHER'S NAME: (Shrimati) (as per High School records)

5. DATE OF BIRTH — DD / MM / YYYY

6. GENDER (Write the relevant code in the box)
A1 - Male
B2 - Female

7. NATIONALITY (Write the relevant code in the box)
A1 - Indian
B2 - Others

8. RURAL / URBAN (Write the relevant code in the box)
A1 - Rural
B2 - Urban

9. CATEGORY (Write the relevant code in the box)
A1 - GEN
B2 - SC
C3 - ST
D4 - EBC
E5 - BC
F6 - P.H.
G7 - Others

10. STATE TO WHICH YOU BELONG

11. SESSION 20 - 20

13. INDICATE LATERAL ENTERY (Write the relevant code in the box)
A1 - Yes
B2 - No
If Yes, Diploma / Graduate Marks %

12. MOBILE NO.

14. AADHAAR NO.

15. Address : Write your complete postal address including your name in English in Capital Letters with Black Pen.

Name :

Address :

Email ID:

PIN :

16. SIGNATURE OF THE CANDIDATE (within the Box only)

17. PHOTOGRAPH

Paste (Do not staple) a recent colour photograph of size 3.5 X 4.5 cms within the box only.

Self Attested.

BLOCK Name!

18. PARTICULARS OF PREVIOUS EXAMINATION(S) PASSED (STARTING FROM 10TH / MATRICULATION)

Name of the Examination	Year	Session	Roll No.	Result / % of Marks	University / Board	Subjects

19. IF REGISTERED TO ANY OTHER UNIVERSITY/BOARD. GIVE THE PARTICULARS BELOW
(STARTING FROM THE LAST REGISTRATION. ATTACH THE MIGRATION CERTIFICATE IN ORIGINAL)

Name of the University / Board	Courses for which registered	Name of the School / College	Registration No.	Year. of Registration	Remarks if any
			Migration No.	Migration Date	

20. PERMANENT HOME ADDRESS

_____

_____

_____

Pin _____ Tel. No. / Mobile No. _____

DECLARATION

I solemnly declare and affirm that particulars given above are correct and true to the best of my knowledge and nothing has been concealed therein.

Date: _____

Signature of Candidate

ATTESTATION

Certified that:

(I) ..... (Name) ..... (Class) ..... (College

Roll No. is a regular candidate and admitted in the college as per rules.

(II) He / She bears a good moral character. The particulars of the candidate including signature and his / her photo including remittance of fee to the University office have been checked and verified.

Date _____

Signature of the Principal/Chairperson with seal