

# R. R. Institutions

Chikkabanavara, Bangalore-560090

## REGISTRATION FORM

PHOTO

<b>DEPARTMENT and COURSE:</b>		
Name:		
DOB:		
ID. No:	Sex:	Passport No:
Email.ID -	Student Ph. No. -	
Students Aadhar No:		
Father's Name :		
Mobile Number :		Aadhar No:
Mother's Name :		
Mobile Number :		Aadhar No:
<b>Address with Phone Number and E-mail ID</b>		
<b>Permanent Address</b>		<b>Local Address</b>
<b>Local Guardian</b> (compulsory for out station candidates if any)		
Name :		Phone number:.....
Email ID : .....		POSTAL ADDRESS :
<b>Results</b>		<b>Achievements if any :</b>
Course	Marks	
X		
PUC/12 <sup>th</sup>		
<b>Hobbies :</b>		
<b>Dreams :</b>		
<b>Strength :</b>		
<b>Weakness:</b>		
<b>Declaration :</b>		
I understand that, I should attend all the classes regularly and should maintain 85% attendance to take up the tests and University / board examination and to participate in co-curricular and external curricular activity.		
I hereby declare that the above written particulars are true to the best of my knowledge and belief.		
Signature of the Student		Signature of the Parents

**Note: Enclose a copy of Aadhar Copy (Student and Both Parents)**