Pt. Deen Dayal Education Group®

REGISTRATION FORM

CENTRE CODE : DDEG

for office use only

ENROLLMENT NO. :.....

ROLL. NO. :.....

attested passport size photo

Please Fill in BLOCK LETTERS

Title: Mr Mrs Miss Km

Gender: Male Female Other

Applicant's Student Name:

Father's Name:

Mother's Name:

Date of Birth: D D / M M / Y Y Y Y

Home Address:

Mobile / Telephone No:

Postcode:

Email:

City/District:

Please tick if you do want to be contacted by text phone e-mail

State:

Course Code:

Course Name:

Who should we contact in case of an emergency?

Name:

Relation:

Tel No:

Academic Qualification

I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.

I, hereby, promise to abide by the admissible rules and regulations, concerning discipline, attendance, etc. of the Institute and also to follow the Code of Conduct prescribed for the Students of the Institute, as in force from time to time and subsequent changes/modifications/amendment made thereto. I acknowledge that, the Institute has the authority for taking punitive actions against me for violation and/or non-compliance of the same.

Qualification	Board/University/Institute	Subject	Academic Year	Obt. Mark	Division	Percentage
High School						
Graducation						
Others						

Date: D D / M M / Y Y Y Y

S. No. :.....

Signature By Centre Incharge

Applicant's Signature

CENTRE CODE : DDEG

ACKNOWLEDGE SLIP

S. No. :.....

Received Admission form of Mr./Miss/Mrs. :.....

S/o, D/o, W/o. :.....

Signature By Centre Incharge