



"...Nurturing Talents To Success"

Dr. A.P.J. Abdul Kalam University

Indore-Dewas Bypass Road, Village Arandiya, Indore (M.P.)

Website:-www.aku.ac.in

Registration Form

Session :- 20__ - 20__

College :-	Course :-
	Branch :-

Name :- _____

Father's Name :- _____

Mother's Name :- _____

Date of Birth :- ____ / ____ / ____

Gender :- Male Female Others Category :- SC ST OBC GEN Domicile :- MP AI Marital Status :- Yes No

Aadhar Number :- _____ PAN No. :- _____

Address :- _____

Pin Code :- _____

Contact Number :- (1) Student _____ (2) _____

(3) Guardian _____ (4) _____

E-Mail ID :- _____

Annual Income :- _____

Document :- _____

Entrance Exam :- Name _____ Roll Number _____

Maximum Marks / Obtained Marks _____ Rank _____

Qualification Detail

Class	Board/ University	Roll No	Stream	Pass Out Year	Obtained Marks	Total marks	%	PCB/ PCM %

Signature of Guardian

Signature of Student

Please Affix
Passport size
Photograph

Fees Details:-

Registration for Admission taken inand total fees to be paid in
 First Year : (fee may change any time as per the order of AFRC, Bhopal) Details
 of any installment if given Ist IInd IIIrd.....
 Total fees second year onwards Rs..... Candidate
 have to pay the complete fee within one month of registration to the Institute.

Signature of Student/Parent

Details of Registration fee received

Details of Cash/Draft No. Dated: Branch Name.....Amount Rs. :.....
 Name of the Bank & Address Receipt Rs.Receipt date
 Additional Receipt No.
 I have read & noted the above fee commitment/Schedule

Name of the cell _____

Signature of Parent _____

Signature of Admission Cell In charge _____

Signature of Student _____

Declaration by Student/Parent/Guardian

(Self/ on behalf of my ward) hereby declare that:

- The information given by me in the Application Form and all enclosures are true to the best of my knowledge. However, should it, be found that any information/enclosures therein are untrue/wrong, I am/my ward liable to be disqualified for Admission.
- If I/my ward selected for admission, I/my promise to abide by the rules & regulations of the Institute/University and maintain the discipline in the institute and the Hostel.
- Initially the admission is provisional and is subject to confirmation from the counseling authority Concerned University and State Government.
- It is compulsory for me/my ward to appear for online counseling at any place directed by the counseling authority with in the specified date and time failing which I/my ward's registration will be automatically cancelled without any refund of fee.
- I understand that if I get my admission/registration cancelled, the fee deposited by me is non refundable.
- Cancellation of registration/admission is not possible without paying the full fees for the entire course.
- I undertake to abide by the 'Student Leaving Midstream' clause of the Prospectus and agree to pay fees for the whole course if I leave course in midstream.
- Any dispute is subject to Indore Jurisdiction.

Date _____

Signature of Declarer : _____

Place _____

Name of Declarer : _____

Relationship with Candidate : _____

Please write in own hand writing & duly sign by student/parent/Guardian (on behalf of student):

(I have read, understood and noted the above information that the registration of myself/my ward not transferable/cancelable in any condition and whatever amount is deposited by me in the institute will not be refunded to my in any condition)

मैंने उपरोक्त जानकारी पढ़ एवं समझ ली है तथा किसी भी परिस्थिति में मेरा रजिस्ट्रेशन ट्रांसफर या कैंसिल नहीं होगा तथा महाविद्यालय में जो भी मेरे द्वारा राशि जमा की गई है वह किसी भी स्थिति में वापस नहीं होगी।

Name and Signature