

Registration No

Session:

<b>BBA</b>	<input type="text"/>	<b>BJMC</b>	<input type="text"/>	<b>B.Com</b>	<input type="text"/>
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# ARYAKUL COLLEGE OF EDUCATION

(An Associated College of University of Lucknow)  
Vill: Natkur, PO: Chandrawal, Behind CRPF Base Camp,  
Gauri-Bijnaur Road, Lucknow  
**(Registration/ Admission Form)**

(Paste self Attested  
Photograph)

1. **Full Name** \_\_\_\_\_  
(In Block Letter) (First Name) (Middle Name) (Last Name)

2. **Contact Details** Mob \_\_\_\_\_ Email \_\_\_\_\_

3. **Date of Birth** \_\_\_\_\_ 4. **Sex M/F** \_\_\_\_\_ 5. **Blood Group**

6. **Father's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

7. **Mother's Name** \_\_\_\_\_ Occupation \_\_\_\_\_

8. **Present Address** \_\_\_\_\_  
Location \_\_\_\_\_ Street \_\_\_\_\_  
City/District \_\_\_\_\_ Pin \_\_\_\_\_

9. **Permanent Address** \_\_\_\_\_  
Location \_\_\_\_\_ Street \_\_\_\_\_  
City/District \_\_\_\_\_ Pin \_\_\_\_\_  
Contact Nos. (Res) \_\_\_\_\_ (M) \_\_\_\_\_

10. **Local Guardian**  
**Name** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

**Address** \_\_\_\_\_  
Location \_\_\_\_\_ Street \_\_\_\_\_  
City/District \_\_\_\_\_ Pin \_\_\_\_\_

**Occupation** \_\_\_\_\_ Signature \_\_\_\_\_

**Contact Nos.** (Res) \_\_\_\_\_ (Mob) \_\_\_\_\_

11. **Emergency Nos.** \_\_\_\_\_ Person Name & Relation: \_\_\_\_\_

12. **Category** General/SC/ST/OBC/ Minority (Specify \_\_\_\_\_)  
(Attach the attested copy of the caste certificate issued by the competent authority)

13. **Hostel Required** Yes/No

14. **Thumb Impression** Yes/No \_\_\_\_\_ Date \_\_\_\_\_ Taken By \_\_\_\_\_

**14. Educational Qualification (Attach all self attested testimonials) - Note: Transfer Certificate is must**

Sl. No.	Roll No.	Examination Passed (Medium)	Institution/Board	Subjects	Division/Percentage
1					
2					
3					
4					

**15. Whether indulged in any Police case** Yes/No

If Yes Place \_\_\_\_\_ Police Station \_\_\_\_\_ District \_\_\_\_\_

Reason \_\_\_\_\_

**16. Any Medical ailment** Yes/No

If Yes Ailment Name \_\_\_\_\_ Severity: Low/Middle/High

Description if any \_\_\_\_\_

(Attach a Medical Certificate issued by CMO for Medical Fitness)

**Declaration**

I hereby declare that all the information provided as above is correct to the best of my knowledge and belief. If any of the information given above is found incorrect, my registration shall stand cancelled.

I also declare that I will follow all rules and regulations of the Institution as declared time to time.

**Date:**

**(Name & Signature of Applicant)**

**Declaration**

I shall honor all rules and regulations of the Institution and if required for any reason, I would be present. If any of the information given above is found to be incorrect my ward's registration shall stand cancelled. In case of change in address and contact numbers, I shall intimate the new one at the earliest.

**Date:**

**(Signature of Parents/Guardian)**

**Date:**

**FOR OFFICE USE ONLY**

**Session:** \_\_\_\_\_

**1. Form No.**

**2. Identity No. Allotted**

**3. Name of the Candidate**

**4. Local or Outstation**

**5. Name of the Course**

**6. Transfer Certificate**

Yes/No \_\_\_\_\_ Date \_\_\_\_\_ TC. No \_\_\_\_\_

**7. Address Proof**

Yes/No \_\_\_\_\_ Aadhar/Voter ID/DL/DC \_\_\_\_\_

**8. Aadhar**

Yes/No \_\_\_\_\_ Aadhar No \_\_\_\_\_ Issue Date \_\_\_\_\_

**9. Attachment**

List of Documents (Yes/No \_\_\_\_\_)

**(Signatory)**