C.B.S. COLLEGE OF ENGG. & MGNT.

Approved by A.I.C.T.E, New-Delhi and affiliated to U. P. Tech. Univ, Lucknow
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Registration Form

Course: **B.Tech** **Branch Preferences: 1…….. 2…….. 3……Year: First/ Second**

All details are required to be filled in Block letters

1. **Name of Student:**_____
   Contact no. ☐☐☐☐☐☐☐☐☐☐ **e-mail id:**_____
2. **Father's Name :**_____
   Occupation:_____**Contact no.**_____ **e-mail id:**_____
   Annual Income:_____ **Income certificate no** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
3. **Mother's Name:**_____
4. **Date of Birth:** ☐☐ ☐☐ ☐☐☐☐ **5. Male** ☐ **Female** ☐
6. **Category: General** ☐ **OBC** ☐ **SC** ☐ **ST** ☐ **Minority** ☐
7. **Sub Category:** _____ **8. Religion:**_____
9. **Address: Permanent:** _____ **Present :**_____
   _____ _____
   _____ _____
   _____**Pin code**_____ _____**Pin code**_____
10. **Qualification: (Medium: English** ☐ **Hindi** ☐**)**

Course	Year of Passing	Roll No.	Board/ University	School		Maths	Phy.	Chem.	Eng.	PCM % age	Agg. %age
10th											
10+2					Marks Obt.						
					Max. M						
B.Sc.. / Diploma											

Date: **Signature of Authority** **Signature of Student**