

CORPORATE GROUP OF INSTITUTES, BHOPAL

CIST/CIRT



Department: _____

Student Registration Form

Enrollment NO. : _____ Semester/Branch: _____

Student's Name: _____

Father's Name : _____

Mother's Name : _____

D.O.B.: _____

Student's Contact No. : _____ Father's Contact No. : _____

Email ID : _____

Address(Local)

: _____

_____ Pincode _____

Address(Permanent): _____

_____ Pincode _____

Class 10th Marks (%) : _____ Class 12th Marks (%) _____

B.E (Semester wise/SGPA) (Attach Photocopy of Mark sheet)

I SEM _____ II SEM _____ III SEM _____ IV SEM _____

V SEM _____ VI SEM _____ VII SEM _____ Avg. (All Sem) _____

Present Backlog (if any) : _____

Fee Detail(Attach Fee Receipt):-

Sem. (Present & Previous)	Total due on date	Total paid on date	Balance	If balance then Remark

Date :

Signature of Student

Signature of T.G.

Signature of HOD