



**SHIMLA
UNIVERSITY**
Where Nature Nurtures Young Minds



STUDENT REGISTRATION FORM

For Academic Year 2017-2018

1. Student Information:

1. _____
Suffix First Name Middle Name Last Name (Exactly as shown on birth certificate)
2. Programme _____ Branch _____ Semester _____
3. Date of birth: _____ (Day/ Month / Year)
4. Gender: Male _____ Female _____
5. Nationality: _____
6. Country of Birth _____ State of Birth _____ City of Birth _____
7. Primary Language Spoken: _____

8. Address of Student:

Permanent Address _____ City _____
State _____ Zip _____ Home Phone Number _____
Cell Number _____ Email ID _____

9. Corresponding Address: _____

Email ID _____

2. Parent/ Guardian Information:

1. Mother Ms./ Dr. : _____
Suffix First Name Middle Name Last Name
2. Profession of Mother: _____

3. Address: Permanent Address: _____
City _____ State _____ Zip _____ Home Phone
Number _____
Cell Number _____ Email ID _____

4. Corresponding Address/Official Address: _____

Work Number _____ Email ID _____

5. Father _____ Legal Guardian _____

1. Father Mr./ Dr. : _____
Suffix First Name Middle Name Last Name

2. Profession of Father: _____

3. Address: Permanent Address: _____
City _____ State _____ Zip _____ Home Phone
Number _____
Cell Number _____ Email ID _____

4. Corresponding Address/Official Address: _____

Work Number _____ Email ID _____

5. Local Guardian: *if you have:*

Mr. /Ms./ Dr. : _____
Suffix First Name Middle Name Last Name

6. Profession of Local Guardian:

Permanent Address _____ City _____
State _____ Zip _____ Home Phone Number _____
Mobile Number _____ Email ID _____

7. Corresponding Address/ Official Address: _____

Work Number _____ Email ID _____

8. Emergency Contact Number:

Home Phone Number _____ Phone Number _____

Relationship: Mother Father Legal Guardian Local Guardian Other

3. Academic Information:

S. No.	Year of Passing	Name of School/Collage/ University	Subjects	Percentage	Remarks If any
Matriculation					
10+2					
B. Sc./BJMC/BBA/B.Com/B. Tech/BA. LLB/BALLB/BCA					
MBA/M.Sc./M.Tech./MJMC/LLM					
Any Other					

4. Student Health Information

1. Medication taken regularly by student _____

(Prescription and physician's orders should be attached).

2. Allergies: _____

(Prescription and medicines' record should be attached).

3. Any physical or medical problems about which the University/ Department should know:

5. Fee Payment Information

1. Will the student ride a University bus to /from University? Yes/ No

2. Hostler / Day Scholar Yes/No

Sr. No.	Name	Enrolment No	Tuition Fee Receipt No	Hostel Fee Receipt No	Transport Fee Receipt No	Date	Amount	Special Fee/ Other
1.								
2.								
3.								
4.								

6. Declaration:

I hereby declare that the statements made above are true and correct and the documents furnished along with the form are genuine to the best of my knowledge and belief. In case any of the documents is subsequently detected to be fake or false, my registration with university shall be liable to be cancelled.

Date:
Place:

Signature of the Student

Name &Signature of Verifying Authority:

Mentor/ Class Teacher

Signature of Head of the Department