



**Dr. Shyama Prasad Mukjheerjee University, Ranchi**  
**STUDENT REGISTRATION FORM**

**1. Personal Details**

1. **Full Name (in Block Letters):** \_\_\_\_\_
2. **Father's Name:** \_\_\_\_\_
3. **Mother's Name:** \_\_\_\_\_
4. **Date of Birth (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
5. **Gender:**  Male  Female  Other
6. **Category:**  General  EWS  OBC  SC  ST  Other \_\_\_\_\_
- a. **Aadhaar No.:** \_\_\_\_\_
- b. **Mobile No.:** \_\_\_\_\_
- c. **Email ID:** \_\_\_\_\_

**2. Address**

**Permanent Address:**

**Correspondence Address (if different):**

**3. Course Details**

**Department:** \_\_\_\_\_

Subject/Paper Details

1. Major (MJ):
2. Associated Core (AC):
3. Multi-Disciplinary Course (MDC):  
 Botany  Chemistry  Mathematics  Anthropology  Commerce  Bangali  
 English  Santali  Mundari
4. Skill Enhancement Course (SEC):
5. Ability Enhancement Course (AEC):
6. Value Added Course (VAC):
7. Social Awareness Module (SA):

**Declaration**

I hereby declare that the information furnished by me in this registration form is true and correct to the best of my knowledge and belief. I understand that if any information is found to be false or incorrect, my registration/admission may be cancelled by the University.

**Place:** \_\_\_\_\_

**Signature of the Student:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Name of the Student:** \_\_\_\_\_

**For Office Use Only**

Head/Coordinator

Controller of Examination