



VIDYASAGAR UNIVERSITY
MIDNAPORE- 721102
WEST BENGAL
REGISTRATION FORM FOR UNDERGRADUATE COURSES

1. Paste recent passport size good quality photograph in the appropriate box.
2. Use black ink / ball pen to fill up the Form.
3. All information must be written in **CAPITAL LETTERS** except signature.
4. Do not sign in Capital letters.

1. NAME OF THE COURSE :

2. COLLEGE NAME :

3. COLLEGE CODE :

4. NAME OF THE STUDENT :
(as in school leaving certificate)

5. DATE OF BIRTH :

(as in Madhyamik Pariksha Admit Card) D D M M Y Y Y Y

6. PH : MALE FEMALE OTHERS (Please specify)

7. GENDER : MALE (Please write 'M') FEMALE (Please write 'F') OTHERS

8. CATEGORY (Please tick) : (i) Gen (ii) SC (iii) ST M F M F M F M F

(iv) OBC M F M F M F

(v) Minority M F

9. DATE OF ADMISSION :

10. SESSION :

11. NAME OF FATHER :

12. NAME OF MOTHER:

13. PERMANENT ADDRESS:

P I N

14. MOB. No.:

15. E-mail:

16. SUBJECTS:

17. NAME OF THE STREAM (Please tick)

B. A. Hons.	<input type="checkbox"/>	B. Sc. Hons.	<input type="checkbox"/>	B. Com. Hons.	<input type="checkbox"/>
B. A. Major	<input type="checkbox"/>	B. Sc. Major	<input type="checkbox"/>	B. Com. Major	<input type="checkbox"/>
B. A. Gen.	<input type="checkbox"/>	B. Sc. Gen.	<input type="checkbox"/>	B. Com. Gen.	<input type="checkbox"/>
B. A. Major	<input type="checkbox"/>	B. Sc. Major	<input type="checkbox"/>	B. Com. Major	<input type="checkbox"/>
B. Ed.	<input type="checkbox"/>	B. P. Ed.	<input type="checkbox"/>	LL. B -5 yrs	<input type="checkbox"/>
B. VOC.	<input type="checkbox"/>	B. S. W.	<input type="checkbox"/>	LL. B- 3yrs	<input type="checkbox"/>
Paramedical	<input type="checkbox"/>	B.C.A.	<input type="checkbox"/>		

Paste your recent colour passport size photograph within the box.

Do not get the photograph attested.

Countersigned
(Principal/ Teacher-in- Charge)
(with seal)

1. **What is the primary purpose of the study?**

Full signature of the candidate (within the box)
(with black ink / ball pen. Do not sign in capital letters)

VIDYASAGAR UNIVERSITY
Midnapore – 721 102, West Bengal
APPLICATION FORM FOR REGISTRATION FOR UNDERGRADUATE COURSES
(Both for Migration & Non-Migration students)

1. Name of the candidate in English script : Mr. / Ms.
 (Write in block letters as recorded in the
 Madhyamik or equivalent examination)

2. Name of the candidate in Bengali script :

3. Father Name :

4. Mother's Name :

5. Date of Birth (as recorded in the
 Madhyamik or equivalent examination) :

6. Permanent address with Phone No. :

7. Nationality :

8. Details of H. S. Examination passed :
 a) Name of the Board/ Council :
 b) Year of passing and Division :
 c) Roll No. :

9. Details of admission to the Undergraduate
 Course of the Vidyasagar University.
 a) Name of the course :
 b) Session :
 c) Name of the College :
 d) Date of admission :

10. Details of admission to any other courses of
 Vidyasagar University/ Other University :

11. Are you a migrating student? If yes, please mention:
 a) Name of University/ Institution last attended :
 b) Registration No. of that University with year :
 c) Last Examination passed with Roll No. & year :
 d) Migration Certificate No. with date of issue :

12. Details of fees deposited at Cash Counter with
 Challan (copy enclosed) :

13. Mob. No. :

14. Email id :

Date:

(Signature of the applicant in full)

Memo No.

Forwarded after verification of all information furnished by the applicant.

Date:

Seal:

Signature of the Principal /TIC
 Secy.Council for U. G. Studies

For use in the Registrar's office

1. Registration No.....of.....

2. Registration is recorded during the course
 under.....College of this University.

Office Asstt.

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Office Suptd.

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Dy. Registrar / Registrar

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