**FORM-1a**



**क्षेत्रीय जैवप्रौद्योगिकी केन्द्र**

**REGIONAL CENTRE FOR BIOTECHNOLOGY**

(An Institution of National Importance created by an Act of Parliament

by Department of Biotechnology, Govt. of India, under the auspices of UNESCO)

**STUDENT REGISTRATION FORM**

(To be submitted by the student admitted to a programme approved by RCB)

**Name of the Institution:**

**Academic Programme :**

**Academic Session :**

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| --- | --- | --- | --- | --- |
| **Personal Data**  *Affix your*  *Recent*  *Passport size*  *Colour*  *Photograph* | | | | |
| **Name (in block letters)** | |  | |
| **Date of Birth (DD/MM/YYYY)** | |  | |
| **Gender** | | Male Female | |
| **Phone** | | Res: Mobile: | |
| **E-mail** | |  | |
| **Name of Father** | |  | |
| **Name of Mother** | |  | |
| **Category** | | Gen / OBC / SC / ST / EWS / PwD | | |
| **Nationality** | |  | | |
| **Permanent Address with PIN code** | |  | | |
| **Emergency Contact** | |  | | |
| **Passport Number (in case of foreign student)** | |  | | |
| **Academic Record (Bachelor's degree onwards)** | | | | |
| **Examination Passed** | **University** | **Subject/s** | **Year of Passing** | **% of marks obtained** |
|  |  |  |  |  |
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|  |  |  |  |  |
| **National Level Entrance Examination qualified** (If applicable)  (Please attach the relevant proof) | | | | |
| **Name of the Entrance Examination** | |  | **Year of Qualifying:** | |

I hereby declare that the information furnished herein is true to the best of my knowledge.

Date:

Place: Signature of the Student

**ACADEMIC COORDINATOR**

Signature and Stamp