

FACULTY OF ARCHITECTURE
Dr.A.P.J.A.K. Technical University
 (Formerly Known as: Lucknow College of Architecture)
Tagore Marg, Lucknow – 226 007
(STUDENT'S REGISTRATION FORM)

Fee Detail: For the College , For the Hostel

Payment Detail : Rs _____ DD No. : _____ DD Issue date : _____

Bank's Name : _____

Session: _____	Class _____	Semester _____
Category (Gen./SC/ST/OBC): _____	Scholar No. _____	
University Roll No. _____	Enrollment No. _____	

1. Name: (in Block Letters) _____
 (As mentioned on 10th Certificate) First Name _____ Second Name _____ Surname _____

2. Name: (in Hindi) _____

3. Date of Birth: _____ (DD/MM/YYYY) 4. Blood Group: _____ 5. Nationality: _____

6. Name of Father/Guardian: _____ 7. Occupation: _____

8. Name of Mother: _____ 9. Occupation: _____

10. Name of Local Guardian: _____
 & Relation with Student _____



 Signature of Father/Guardian

 Signature of Mother

 Signature of Local Guardian

 Signature of Student

11. Student's Permanent Address

 _____ City: _____

District: _____ Pincode: _____

Tel. No _____ Mob No: _____
 (with STD Code)

E-mail address(Father): _____

12. Local Guardian's Address

 _____ City: _____

District: _____ Pincode: _____

Tel. No _____ Mob. No: _____
 (with STD Code)

E-mail address: _____

13. History of Medical Ailments: (if Any) _____

14. Name of the Railway Station for which Rail/Bus concession is to be issued _____

15. Admitted under Category _____ (GEN./SC/ST/OBC/FW) Sub-Category _____ (GL/PH/FF/AF/) Merit : _____

16. Were you ever detained / denied / debarred / expelled from the Hostel / college? (Yes / No)

If yes, give details _____

17. Previous Result (For Students from 2nd Year to 5th Year)

(a) Result of the Previous Academic Year: Passed/PCP/PWG; No. of Carry Over Paper (if any) _____

(b) Total Marks obtained: _____ Maximum Marks _____ Percentage _____

(c) Mention Subjects (Carry Over Paper) (1) _____ (2) _____ (3) _____

Declaration

I hereby, declare that the information given by me is true to the best of my knowledge and belief.

Date _____ Place _____

Student's Signature _____