



**Sri Satya Sai
University of Technology and
Medical Sciences, Sehore.**

Constituent Unit :

FORM FOR REGISTRATION IN HIGHER SEMESTER/YEAR

Course Name and Semester/Year: -----

1. Name of Student -----D.O.B.-----
2. Roll NO. ----- Aadhar No. -----
3. Father's Name -----Mobile NO.-----
4. Present Address with Contact No.: -----
5. Permanent Address with Contact No.:-----
6. Emergency Contact No. -----/------
7. Previous Academic/Result Details: -----
8. Achievement other than Academics (if any) -----

Date : / /

(Signature of Student)

Attachement :

1. Proof of above points except point no. 6
2. Copy of No dues certificate from account section
3. Copy of the feed back form

For Official Use :

1. Recommendation of TG/HOD : (Eligible/Not Eligible) -----

(Signature of TG/HOD)

(Signature of Dean)