

Register Form

S.No.: _____

Date: _____

Personal Details:-

Name of the Candidate: _____

Gender: Male / Female Date of Birth: _____ Mother Tongue: _____

Permanent Address: _____

City: _____ Pin Code: _____ Email ID: _____

Telephone no.(with std code): _____ Mobile No.: _____

Occupation:-

Student Service Business Others (Specify): _____

Organization: _____ Department: _____

Designation: _____

Address : _____

City: _____ Pin Code: _____ Email ID: _____

Telephone no. (with std code): _____ Mobile No.: _____

Local Guardian:-

Father's Name / Local Guardian's Name: _____

Address : _____

City: _____ Pin Code: _____ Email ID: _____

Telephone no.(with std code): _____ Mobile No.: _____

Emergency Contact No: - Telephone No. (With STD code): _____

Mobile No: _____

Stay Preferences(pls tick):

AC Room Non AC Room Veg Non Veg

How did you find out about Campus 49?

Online Sources : Facebook Twitter MIDAS Website Others _____

Other Sources : Newspaper Ads Friends Banner Others _____

Signature of the Candidate

For Office Use Only:

S. No.: _____ Date of Enrollment : _____ Registration No.: _____

Remarks: _____

Signature of the Admin: _____