ACS College of Engineering
Approved by AICTE New Delhi, Affiliated to VTU, Belagavi
(A Unit of RajaRajeswari Group of Institutions)

Registration Form for Graduation Day
(2015-16)

Applicant's Name (in capitals):

USN Number:

Father's Name: (in capitals)

Address for communication: **Permanent Address**

……. ……
…… ……
…… ……
…… ……

Contact Details:

E-mail : _____ **Mobile No.** :_____

Phone/Landline No. : _____(Office) _____(Res.)

Particulars of examination passed:

Department: _____**Year of Admission:**_____

Current Professional Status

Employed **Business**

Designation:_____ **Nature of Business:**_____

Name of Organization:_____ _____
_____ **Name of Organization:**_____
Address:_____ _____
_____ **Address:**_____
_____ _____
_____ _____
_____ _____

Pursuing Higher Education

Name Of The Course:_____
Name of Organization:_____
_____
Address:_____
_____
_____
_____
_____

Date : _____ **Signature of the Candidate**

Attestation (Required for candidates receiving degree in absentia):

I certify that the applicant ……. son/daughter of Shri …… is the same person who passed the …… examination under particulars given above.

Date : _____ **Signature of the HOD**