

RAJA MAHENDRA PRATAP SINGH, STATE, UNIVERSITY

Aligarh, Uttar Pradesh

POST GRA	DUATION : WEB REGISTRA	ATION FORM					
	SESSION 2024-2025		2403049624301039131				
PERSONAL DETAILS	[]		Print Time : 6/26/2024 11:54:28 AM WEB REGISTRATION NO : WRN24301039131				
Registration Number:	24030496	Applied Course: 301- LLB. 3 YEAR					
Student Name:	SATYA PRAKASH		I				
Father Name	INDRA JEET						
Mother Name	CHANDRAVATI DEVI						
Date of Birth	07/05/1992						
	HH(PD)-HEARING						
Physical Handicap:	HADICAPPED(PARTIALLY DEAF)	Gender:	MALE				
Mobile Number:	9411981860	E-Mail Address:	DRSPU20@GMAIL.COM	A.			
Domicile State	Uttar Pradesh	Domicile Certificate No.:	125172000441	3			
Caste/Category:	GENERAL(UR)	Caste/Category Certificate No.:	NONE				
Reservation Category:	NONE	Reservation Category Certificate No.:	NONE				
Other Category:	NONE	Income Group:	BELOW 2 LAC PER ANNUM				
Religion:	HINDU						
Is Minority:	NO	Minority Certificate No:	NONE				
Marital Status	UNMARRIED	Nationality	INDIAN				
Sports Quota Opted:	NO	EWS Status:	YES				
Aadhar Number:	******2193	Aadhar Enrollment Address:					
Medium of Examination:	HINDI	Medium of Instructions / Communications:	HINDI				
Academic Bank Of Credit ID.:	943454515088	Migration Certificate No.:	1000033727				
University Claim:	NONE	N.C.C. Claim:	NONE				
N.S.S. Claim:	NONE	Scouting Claim:	NONE				
For North Regional leve State level National Co	el team members to participate in the mpetition:	NONE					
To participate in the na university team:	tional competition as a member of the	NONE					
To participate in inter-u the university team:	iniversity competition as a member of	NONE					
	vers Rangers at college level who has						
participated in a rally a	-	NONE					
	Rangers at college level who has						
participated in the Inte	r-University Rally:						
Admitted College:							
Admitted Course:							
Selected Subjects:							
ADDRESS DETAILS							

CORRESP	ONDEN	CE ADDRES	S DETAILS								
Address	ess 26, DEV SADAN TEEKAPUR POST OFFICE IGLAS SUB DIVISION IGLAS							S	State	UTTAR PRADESH	
District	ALIGA							P	Pin Code	202124	
		DRESS DETA									
Address			EEKAPUR POST OFFICE IGLAS	3 SUB DIV	ISION I	GLAS				UTTAR PRADESH	
District	ALIGA	RH 						P	Pin Code	202124	
QUALIFIC	CATION	DETAILS									
EXAMINATION		BOARD / UNIVERSITY		PASSING YEAR	R	OLL	MAX MARKS	MARKS OBTAINE	(- /	SUBJECT	
HIGH SCHOOL OR EQUIVALENT			F SECONDARY AND HIGHER EDUCATION, U.P.	2007	0349817		0600	0393	65.50	HINDI,ENGLISH, MATH, SCIENCE, SOC. SCIENCE, COMPUTER	
INTERMEDIATE OR EQUIVALENT			DARD OF HIGH SCHOOL & RMEDIATE EDUCATION, PRAYAGRAJ.	2009	0182956		0500	0300	60.00	PCM,GEN HINDI, COMPUTER	
B.SC.		PALIWAL F	. AMBEDKAR UNIVERSITY, PARK, AGRA-282 002, UTTAR SH. (STATE UNIVERSITY).	2012	120790061218		1350	766	56.74	PCM	
		AJ INSTIT	TUTE OF MEDICAL SCIENCE, MAGLORE.	0							
				0							
Graduatio	n From F	R.M.P.S.U Ur	niversity:				NO				
Graduatio	n From F	R.M.P.S.U Ur	niversity Affiliated Colleges:				NON	ΙE			
COURSE	APPLIE	D & PAYME	ENTS DETAILS								
	WEB ID)	APPLIED COURSE		FEE PAY			PAYMENT ID		PAYMENT DATE	
2430103913			301-LLB. 3 YEAR		300	36	6442283	36	26-06-2024		
Note for C	College:-	Please Ente	er WEB ID to add student for m	nerit in col	llege.						
				<u>Declar</u>							
I declare that I have never been convicted for any criminal act and that there is no case pending against me in the court of law. I also declare that I have never been caught using Unfair Means or any Disciplinary action has been taken against me. If I was charged for using Unfair Means, the punitive duration is over and charges have been cleared. I have read carefully and have understood all rules as mentioned in the University Rules and Admission Brochure. Furthermore I also declare that if my application is found to contain incorrect/false information regarding my Name, Birth Date, Gender, Religion, Domicile, Weightage, Caste, Horizontal Reservation, Marks obtained or any other field, my application is liable to get cancelled.											
and I will have no objection in getting disqualified for admission to the concerned course/college.											
Signature of the Parent/Gaurdian Date: Date:											
Date:			. /Dl. ()			d	<u> </u>				
all docun			documents(Photocopy) attach	ned by the	• Canaid	Jate durii	ng torm	submissi	on to the c	college, and also carry	
Application Form (Printout)						Fee Re	Fee Receipt (Printout)				
Xth Marsheet						Xth Ce	Xth Certificate				
XII th Marsheet					Under	Under Graduate Marksheet					
Recen	Recent Passport Sized Photograph					Scann	Scanned Signature				
Domic	Domicile (for other state)					Certifi	Certificate for Kashmiri Resident				
Certificate for Horz./Reservation Certificate						Certificate for Vert./Caste Category					