

MATA GUJRI COLLEGE, FATEHGARH SAHIB
REGISTRATION FORM
(SESSION 2018-19)

Course to be Opted:

NAME:

FATHER's NAME.....

MOTHER's NAME.....

ADDRESS.....

.....Phone No.....

Email I.D.....

Class passed/Appeared (With Stream):

% Marks obtained:

Name of the School/College:

DATE:

(SIGNATURE OF THE APPLICANT)

Signature of the Teacher in charge:

For Office use:-

RECEIPT NO & Date..... (BY CASH/DD)

Amount Rs _____ (in Figures) _____ (In Words)

Registration Number of the student: MGC/18/.....

Signature of the Cashier/Accountant _____