

MATA GUJRI COLLEGE

FATEHGARH SAHIB

AN AUTONOMOUS COLLEGE

(AFFILIATED TO PUNJABI UNIVERSITY, PATIALA)

REGISTRATION FORM

(SESSION 2019-20)

CLASS/Course to be Opted

NAME.....

FATHER's NAME.....

MOTHER's NAME.....

ADDRESS.....

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

Email I.D.....

Class passed/Appeared (With Stream)..... %

School/College.....

DATE:.....

SIGNATURE OF THE APPLICANT)

Teacher incharge/Official on duty.....

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

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

Signatures of the Cashier _____