

SIR C.R. REDDY COLLEGE OF ENGINEERING

VATLURU, ELURU - 534 007

APPLICATION OF REGISTRATION FOR ADMISSION INTO NEXT HIGHER CLASS

Affix Recent
Passport size
Photograph of the
Parent/Guardian

Affix Recent
Passport size
Photograph of the
Candidate

Name of the candidate _____ Roll No _____

Course for which registration is sought _____ Dept. _____ Year _____ Sem _____

(B.E/B.Tech/MCA/MBA/M.Tech)

Fee Reimbursement: **Yes/No** Tuition Fee Paid: **Yes/No** Special Fee Paid : **Yes/No**

(Enclose photo copy of Fee receipt)

Father / Guardian name: _____ Annual Income: Rs. _____

Phone No. Land Line : _____ Cell : _____

Category : SC/ ST/ BC-A, B, C, D, E/PH/EBC/OC

Mode of Transport to College : Car/Motor Cycle/Bus/Auto/College Bus/Bicycle/ Walk/ Hosteler

Address for Correspondence

Parmanent Address

SGPA in the Semester last studied and CGPA _____

Number of Backlog Subjects up to semester last studied _____

Percentage of Attendance in the semester last studied _____

UNDERTAKING

I Mr/ Ms _____ (Name)

Son/Daughter of Sri _____ (Father/ Guardian's Name)

here by affirm that I shall scrupulously adhere to the rules of conduct being in force at the Instituion. I will not take up or participate in any activity that tarnish the image of the institution. I am aware of the academic regulations of course I am studying. I am also aware that I will be detained if attendance percentage in a semester is less than 75%

Date :

Signature of the candidate

I will pay all the tuition fee and special fees in time. I will hold theresponsibility for the character/ behaviour of my Son/ Daugher during his/ her stay in the College. I am aware of the academic regulations and see that my son/daughter follow the academic regulations of his/her course and specially with regard to attendance, external marks. I know that my Son/ daughter will be detained if he/ she put in less than 75% attendance in a semester

Date :

Signature of the Parent/ Guardian

Registration for next Higher Semester			
Verified			
HOD	Accounts	A.O	Principal

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VEHICLE REGISTRATION FORM

Affix Recent
Passport size
Photograph of the
Candidate

Name of the Candidate: _____

Roll No : _____ Dept : _____ Year : _____ Semester : _____

Address for Communication _____ Permanent Address : _____

_____	_____
_____	_____
_____	_____
_____	_____

House Phone No :

Parent/Guardian Cell No :

Type of Vehicle and Make :

Registration Number :

Name of the Owner :

Declaration : I will park my vehicle in the vehicle stand only. I will not entertain triple riding inside the campus. I will drive the vehicle inside the campus at 20 KMPH speed and won't below horn. I am aware of the College rules and regulations and I will abide by the rules and regulations inside the campus with respect to use of vehicles.

Attachments :

1. Copy of Student ID Card
2. Copy of Vehicle C-Book
3. Copy of Driving License

(Signature & Name of the Candidate
with roll no.)