

L.D.COLLEGE OF ENGINEERING,AHMEDABAD-380015										
STUDENT REGISTRATION FORM										
FILL ALL THE DETAILS IN CAPITAL LETTERS & PUT TICK MARK IN RESPECTIVE BOX										
ACADEMIC YEAR OF ADMISSION					2025-26		PHOTO			
COURSE IN WHICH ADMITTED	B.E .	D to D	Working Professionals	M.E.	M.C.A .					
BRANCH										
SUB BRANCH IF ADMITTED IN M.E.										
NAME OF STUDENT	SURNAME		NAME			FATHER'S NAME				
AADHAR CARD NO.										
GENDER			DATE OF BIRTH			MOTHER'S NAME				
	MALE	FEMALE		DD-MM-YYYY						
ADMISSION CATEGORY										
	OPEN	S.C.	S.T.	S.E.B.C.	P.H.	TWF	MHRD	EX.S.M	OTHER	
MOBILE NO.					E-MAIL ID					
FATHER / GUARDIAN'S MOBILE NO.										
ADDRESS FOR CORRESPONDANCE										
		CITY			STATE			PIN CODE:		
DECLARATION BY THE STUDENT										
<p>I hereby declare that I know the provisions contained in the GTU circular No: GTU/UGC_CIR/3128 Dated 18-07-09 and circular No: F-116/2007(CPP-II) Dated 17-06-09, for UGC REGULATIONS ON CURBING THE MENANCE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS. I will follow the provisions of these circulars. I am aware that my admission is liable to be cancelled if I do not follow the provisions and regulations frames by the institute.</p>										
DATE										
PLACE	AHMEDABAD		Signature of Student			Signature of Guardian				