SHRI LAL BAHADUR SHASTRI RASHTRIYA SANSKRIT VIDYAPEETHA
(DEEMED UNIVERSITY)
QUTUB INSTITUTIONAL AREA, NEW DELHI-16

REGISTRATION FORM FOR ALUMNI STUDENTS

Student's Name			Paste Student's Photograph
Father's Name (with rank / position / designation, etc.)			
Class & Date of Joining the Institution			
Last Exam Passed from Institution	**Exam**	**Passing Year**	
	Inland	**Abroad**	
Discipline (If Studying)			
If Employed	**Profession / Department**	**Scale / Grade / Rank Designation**	**Appointment**
Achievement / Distinction			
Any other info you wish to provide			
Address — **Present**			
Permanent			
E-Mail			
Telephone	**Office (with area code)**	**Residence (with area code)**	**Mobile**

(Signature of the ex-student)

Date:

For official use only:-

Verified by the Record / Academic Section

Checked by _____ (Name & Initials)

Verified by _____(Name & Initials)

Countersigned by Assistant Registrar (Academic)