VALLIAMMAI ENGINEERING COLLEGE

(A Member of SRM Group of Institutions)

SRM Nagar, Kattankulathur – 603 203.

REGISTRATION FORM

(Academic Year 2016-17)

(Paste your recent passport size Photograph here)

1. Date of Reopening :_____Date of Registration:_____
2. Name (in CAPITAL LETTERS) : _____
3. Program (✓any one) : B.E/ B.Tech./ M.E/ MBA/ MCA
4. Department :_____ Semester: _____
5. University Regn. Number : _____
6. Father's Name : _____
7. Mother's Name : _____
8. Permanent Address : _____

   _____

   _____ Pincode:_____

   Parent's/Guardian's Phone Number: **Res:_____Off:_____Mobile:_____**
9. If Hosteller, Name of the Hostel:_____ Room No:_____
10. Name of the local Guardian : _____Phone No. :_____

    Present Address for Communication: _____

    _____

    _____

    _____Pincode_____

    Phone Number : Res: _____Off:_____Mobile:_____

11. Arrear Subject Details:

S. No	Semester	Subject Code	Name of the Subject

Signature of Student

Class Co-ordinator **Head of the Department** **Principal**