

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		2026-27		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						FATHER'S NAME					
	SURNAME		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			PINCODE:			
DECLARATION BY THE STUDENT											
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.											
DATE											
PLACE	AHMEDABAD		Signature of Student			Signature of Guardian					