



MONAD UNIVERSITY

Established by UP State Govt. Act 23 of 2010
& U/S 2 (f) of U.G.C. Act 1956

RE REGISTRATION FORM

NOTE: 1. NO FIELDS SHOULD BE LEFT BLANK. ALL FIELDS ARE COMPULSORY.
2. ALL ENTRIES SHOULD BE MADE IN BLOCK LETTERS ONLY.
3. CANDIDATE SHOULD FILL THIS FORM IN HIS/HER OWN HANDWRITING.

PASTE YOUR
PASSPORT SIZE
PHOTOGRAPH
HERE

Counseling Centre Code.....

Name & Address of the Counseling Centre

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Name of the Program.....Year/Sem.....

Specialization.....

Candidate Enrollment No.....
(Given by Monad University at the time of Registration)

Name of the Candidate.....

Father's Name.....

Subjects/Papers in which Candidate Appearing.

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Demand Draft Details:

DD No.....Dated.....Bank.....

Amount.....

Date:...../...../.....

Signature of the Candidate

Verified By

.....
STUDY CENTRE SEAL & SIGNATURE

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MONAD UNIVERSITY