



TRINITY

Institute of Innovations in Professional Studies
Plot No. 2B/1, Knowledge Park - III, Greater Noida

No.

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(Self Attested)

REGISTRATION FORM

- (1) Course applied for:
(B.Tech (CSE / ECE / ME / Civil / IT) / BBA / BCA / BJMC / BALLB)
- (2) Category : Gen SC ST OBC Kashmiri Migrant PH
- (3) Gender : Male Female
- (4) Name (Mr./Ms.) :
- (5) Date of Birth : Nationality..... Religion.....
- (6) Blood Group : Major Diseases/Handicapped (if any)
- (7) Father's Name :
Occupation..... Designation.....
- (8) Mother's Name : Occupation.....
- (9) Correspondence address :
..... Pin Code.....
- Mobile (student) : (father).....
- Mobile (mother) : Email.....
- (10) Educational Qualification:

Exam Passed	School/ College	Board/ University	Period	Main Subject	Division & Marks Obtained	% of Marks Obtained
High School (10 th)						
Intermediate (12 th)						
Any Other						

(11) (✓) tick the Examinations you are appearing at: JEE () CLAT () CET [IP-University] ()

Form Number Roll Number. Rank

(12) Award/Prizes/Scholarships/Achievements (if any) :

.....

(13) Transport facility required : Yes No (✓) Please tick

(14) Hostel facility required : Yes No (✓) Please tick

DECLARATION BY APPLICANT

I, on admission, will adhere to the rules and discipline of Trinity Institute of Innovations in Professional Studies I have clearly understood the eligibility requirements as per norms of the course applied for and confirm that. I fulfill all the requirements for admission to this course. I hold myself responsible for the dues and prompt payment of fees. I have noted that the fees once paid are not refundable, under any circumstance. I have filled up the application after carefully reading all the instructions given in the Information brochure. I declare that the particulars furnished above are true to the best of my knowledge and belief, if anything is found untrue, my admission may be cancelled by the Institute. I also undertake that I shall not seek inter-institute transfer after admission.

Date:

Signature of the Candidate:.....

Place:

Signature of the Parent/Guardian.....

FOR OFFICE USE ONLY

Reference :

Course Reg. No.....

Recommended by:

**Accounts
Department**

**Registrar
Office**