



K L Deemed to be University INDUSTRIAL PRACTICE SCHOOL

Affix a recent
passport size
colour photo

Registration-cum-Data Form (To be filled by B.Tech Students eligible for Practice School)

__ Semester B. Tech. PS-__, 20__ - __

Name of the student (in block letters)	First name	Middle name	Last name							
University Id No.	Branch: Specialization:									
Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y			
Residential Address										
Student's mobile number		Student's e-mail id								
Parent /Guardian Name										
Permanent Residential Address										
Parent/ Guardian Mobile Number										
Skill Sets (MATLAB, AUTOCAD, C++, NET etc.), if any										
Have you registered for Campus placement? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you got placement? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of the Company If Placed							
Title of Projects handled, if any										
Certificate courses completed, if any										
Industrial training/experience, if any										

Educational Profile:

Board	Year of passing	Institution	% Marks/CGPA
SSC/CBSE/ICSE			
Intermediate /Class XII			
Any other, specify			

CGPA Upto 5 th /6 th Semester in B.Tech.	
Backlogs Upto 5 th /6 th Semester in B.Tech.	

- Show proofs for % Marks/CGPA and get verified by department coordinator.
- Attach your resume with photo.

DECLARATION

I hereby confirm that I have read the guidelines for Registration for Practice School. I shall abide by these guidelines. I confirm that the information furnished above is true and correct to the best of my knowledge. I understand if any information furnished above is found to be false, I am liable for suitable action.

Date:

Signature of Student

Certificate by the Head of the Department

Certified that the above student has (a) cleared all dues to the Campus (b) found eligible as per academic guidelines and (c) no disciplinary action is pending against the student. He/She may be allowed to undertake the PS program.

Department Coordinator
(% Marks/CGPA are Verified)

Head of the Department