



KL deemed to be UNIVERSITY
PRACTICE SCHOOL, __ Semester, B. Tech, PS-___,
REPORTING FORM AT REGIONAL OFFICE
(to be submitted to the Regional Office)

Personal Information

Name							Affix Latest Passport Size Photograph						
Age	Yrs	Sex (tick)	M	F	Univ ID No								
Branch:													
Father's/Guardian's Name:													
Permanent Address:													
City						PIN							
E-mail				Phone				Mobile					

Person to be contacted at PS Location in case of any Emergency:

Name			Relationship		
Address:					
Phone No:			E-Mail		

Medical Information

Blood Group	
Recent Illness (if any)	
Chronic Illness or Allergies (if any)	
Physical Imparity (if any)	
Other Relevant Information (if any)	

Company & Guide Details:

Name and Address of the Company	
University Guide	Company Guide
Mobile No.	Mobile No:
E-mail:	E-mail:

Self Declaration:

I declare that the above information provided by me is true to the best of my knowledge.

Date:

Place:

Signature of the Student