



SWAMI ATULANAND HINDU MAHAVIDYALAY

Parmanandpur, Shivpur, Varanasi 221002

WSC REGISTRATION FORM

Name of Student:		Enrollment No.:	
Father's Name:		Course/Programme:	
Year/Semester:		Mobile No.:	
Email ID:		Session:	

Area of Interest / Participation:

- ☐ Academic ☐ Cultural ☐ Sports ☐ Social Service
☐ Women/Student Welfare ☐ Other: _____

Any relevant skills / experience:

I agree to follow the rules and activities prescribed by the WSC/College.

Date: _____

Student Signature: _____

Approved by:

WSC In-charge: _____

Principal/Authorized Signature: _____