



GOVERNMENT OF TRIPURA
GOMATI DISTRICT POLYTECHNIC

P.O: Fulkumari, Udaipur, Gomati Tripura
Pin-799013
Website: www.gdp.nic.in

Affix
Candidate's
recent
passport
size
photograph

SEMESTER REGISTRATION / RE-ADMISSION FORM

Name of the Student:
(Write in BLOCK letters)

Father's Name:

Mother's Name:

Roll No: Registration No:

Semester: Branch:

Mobile No: Email id:

CGPA (if Semester Registration): Grade:

Permanent Address:

Present Address:

Amount of Fee: Rs..... (In Words)

Reference No.: Date:

I hereby solemnly and sincerely affirm that the information furnished in the application is true to the best of my knowledge and belief.

I also declare that I shall abide by the rules and regulations of the Institution enforced and any amendment thereof made from time to time. I shall also abide by the rules and regulations of Tripura University.

Place:

Date:

Countersigned by Father/Mother/Guardian

Signature of the Student

Self Declaration against RAGGING in the form of Affidavit by the applicant

I, Sri/Smt.....
Son/Daughter of Sri/Smt./Late
resident of Village/City/Town
..... P.O.
District State

do hereby solemnly declare that I am aware of the appeal No. 887 Date 08.05.2009 and in Regulations No.37-3/Legal/AICTE/2009 dated 01-07-2009 to prohibit, prevent and eliminate the curse of ragging as well as the punishment to be meted out if I am found guilty of the offence of Ragging and/or abetting Ragging and is liable to be punished appropriately.

Place:-

Date:-

Signature of the Student

Declaration of Father/Mother/Guardian against RAGGING in the form of Affidavit

I, Sri/Smt Father/Mother/
Guardian of Sri/Smt.
resident of Village/City/Town
..... PO
District State

do hereby solemnly declare that I am aware of the law/directions of the Honourable Supreme Court and Regulations of AICTE to prohibit, prevent and eliminate the curse of ragging as well as the punishment to be meted out if my ward is found guilty of the offence of ragging and /or abetting Ragging.

Place:-

Date: -

Signature of the Father / Mother / Guardian

FOR OFFICIAL USE

Signature with date of the
Departmental HOD/Faculty
on Verification

Signature with date of the
Official of Cash Section

Signature with date of the
Officer i/c of Admission Cell
on receipt of form

Signature of the Principal/Principal in-charge