



PRESIDENCY UNIVERSITY, BENGALURU

Dear Student, please fill the below details in CAPITAL LETTERS:

Name: _____ Application No: _____

Roll No. _____ Program: _____ Please Tick: SOE / SOM / SOL / SOC / SOIS / SOD / SOMS

Date of Birth (dd/mm/yyyy): _____ Gender: _____ Blood Group: _____

Student Mobile No. _____ Student E-mail ID: _____

Parent's Name: _____ Permanent address: _____

_____ Pin Code: _____ Parent's Mobile No.: _____

Parent's E-mail ID: _____

Hosteller/Day scholar: _____ Using University Transportation - Yes/No: _____

I hereby declare that the information furnished above is correct to the best of my knowledge.

Signature of the Student with Date

Signature of the Parent with Date