



Maulana Mazharul Haque Arabic and Persian University, 34, Ali Imam Path (Hardinge Road), Patna 800 001

Institution Code:.....

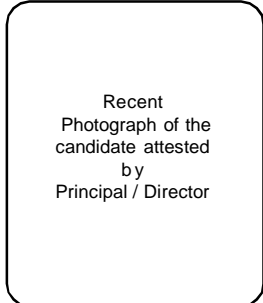
REGISTRATION FORM

Form No.:

Year of Registration.....

**TO BE FILLED BY THE CANDIDATE ONLY IN HIS/HER OWN HAND WRITING
OTHERWISE THE FORM WILL BE REJECTED**

To
The Registrar
M. M. H. Arabic & Persian University, Patna



Sir,
I have to request you to kindly register me for thecourse in the session I am furnishing below the detail information and record.



Signature Of the Candidate

1. Name of the Candidate in Urdu / Devnagri

2. Name of the Candidate in Roman Script (BLOCK LETTERS, leave one blank space between **First, Second** and **Third** Name)

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3. Father's Name in BLOCK LETTERS

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4. Mother's Name in BLOCK LETTERS

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5. Date of Birth: Date Month Year

6. Religion: Hindu Islam Christian Sikh Buddhist Other

7. Gender Male Female

8. Marital Status: Married Unmarried Separated Widowed 9. Blood Group

10. Category: SC ST OBC Handicapped General

11. Family Income: 12. Background: Urban Rural

13. Nationality: Indian NRI Foreigner Specity Name of the Country

14. Mark of identification :

15. Mob. / Tel No. 16. email id:

17. Permanent Address :

.....Dist: State: Pin:

18. Address for Correspondence :

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.....Dist: State: Pin:

19. Name of Course: 20. Course Session:

21. Name of KRC / Madrasa / College:

22. Code of the Institution: 23. Date of Admission: 24. Class Roll No. :

25. **Subjects Offered:** (A) Degree Courses (i) Honors Subject:
(Not required for vocational courses)

(ii) Subsidiary- 1 Subsidiary- 2

(iii) Composition Paper:

(B) Post Graduate Courses:

26. Previous Educational Qualification (Matriculation onward)

Name of the Examination Passed	Div. / Class awarded	Percentage of Marks	Year of Passing	Name of the College / School	Name of the Board / University

27. Migration Certificate Number : Date: / / (Only for Degree Courses)

20. Registration No. (If already registered with this University) Course in which previously registered.

Name of the Course: Registration No.

I hereby declare that the information furnished as above are true to the best of my knowledge.

Signature of the Principal / Director with Seal

Signature of the Candidate

Place:

Date : / /