



K L University INDUSTRIAL PRACTICE SCHOOL

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colour photo

Registration-cum-Data Form
(To be filled by B.Tech Students eligible for Practice School)
7th/ 8th Semester B. Tech. PS-____, 20__ - 20__

Name of the student (in block letters)	First name	Middle name	Last name						
University Id No.		Branch	Section						
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Residential Address									
Student's mobile number					Student's e-mail id				
Parent /Guardian Name									
Parent/Guardian Address									
Parent/ Guardian Mobile Number					Parent/ Guardian E-mail ID				
Field of Interest for undergoing Practice School Program									
Title of Projects handled, if any									
Certificate courses completed, if any									
Skill Sets (MATLAB, AUTOCAD, C++, NET etc.), if any									
Industrial training/experience, if any									
Have you registered for Campus placement? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you got placement? Yes <input type="checkbox"/> No <input type="checkbox"/>			Name of the Company If Placed			

Educational Profile:

Board	Year of passing	Institution	% age of Marks
SSC/CBSE/ICSE			
Intermediate /Class XII			
Any other, specify			

CGPA Upto present Semester	
Backlogs Upto present Semester	

Documents to be attached

Document	Tick
Resume	
Passport size Photo	
Copy of SSC Certificates & Marks list	
Copy of Intermediate Certificate & Marks list	
Copies of B. Tech Grade Sheets upto 6 th Semester	
Special Training Certificates (if any)	
Other Education Qualification Certificates (if any)	

DECLARATION

I hereby confirm that I have read the guidelines for Registration for Practice School. I shall abide by these guidelines. I confirm that the information furnished above is true and correct to the best of my knowledge. I understand if any information furnished above is found to be false, I am liable for suitable action.

Date:

Signature of Student