

CENTRAL UNIVERSITY OF HARYANA

(JANT-PALI, MAHENDERGARH)

Vedic Ganit Shodh Riti Prakoshth



ENROLLMENT PROFORMA FOR VEGSHRI Prakoshth

(To be Filled in CAPITAL Letters)

1. Name of the Volunteer: _____

2. Gender: Male Female

3. Father's Name: _____

4. Date of Birth: _____

5. Category: General OBC SC ST Other

6. Area: Rural Urban

7. Religion: _____

8. Programme & Department (Semester): _____

9. Roll NO./Enrolment No: _____

10. Hostel Room No. (If applicable): __

11. Hobbies/Interests: _____

12. Why you wish to join the VEGSHRI Prakoshth?

Affix latest
passport size
photograph

13. Address:

Permanent Address:		Correspondence Address:	
	PIN		PIN

14. Blood Group: _____

15. email ID: _____

16. Mobile No: _____

I hereby declare that I shall abide by rules and regulations of the Cell and actively participate in the Events and Programmes conducted by VEGSHRI Prakoshth at own risk and I will give my best to the society and nation with honesty and sincerity.

DSW

Convener

Signature of Volunteer