



SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH

University of Glasgow Summer Vacation Program Registration form

YEAR

FIRST NAME: SURNAME:

UNIVERSITY REGISTRATION NUMBER: ----- GENDER: Male Female:

DEGREE:

BRANCH: SPECILIZATION:

CURRENT SEMESTER..... SECTION..... BATCH.....

MOBILE NO..... PHONE LANDLINE.....

E-Mail..... PASSPORT NO..... VALID TILL.....

AVERAGE OF THREE INTERNAL ASSESSMENT SCORE

10TH GRADE SCORE..... 12TH Std/EQUIVALENT SCORE

PARENTS PROFILE:

FATHER'S NAME..... CONTACT NO.....

OCCUPATION..... E-Mail.....

MOTHER'S NAME.....CONTACT NO.....

OCCUPATION..... E-Mail.....

Mailing Address and Contact

.....

STATE..... PIN.....

TWO REFERENCES OF SRIHER FACULTY:

1.....

2.....

I understand that the cost of travel, accommodation and International insurance borne by the student.

Last date to submit the application is 24th February 2020

STUDENT SIGNATURE:

Parent's Signature: