



# JHARKHAND Rai University RANCHI

## REGISTRATION FORM

University Department of Competitive Examinations

Please affix  
your recent  
passport size  
colour  
photograph

### Student Details :

Name: \_\_\_\_\_

Course Registered for : \_\_\_\_\_

College / Institute Name : \_\_\_\_\_ Date of birth: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone No. : \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Signature of the Student/Candidate

( Please send the Registration form via email id : [prashant.jaiwardhan@jru.edu.in](mailto:prashant.jaiwardhan@jru.edu.in) )

Contact No. : 9835916235



(TO BE FILLED IN BY THE JRU STAFF ONLY)

Students Name : .....

Received Rs.....

Date : .....

Receipt No.....