# "YUVA RAKSHA"

## (GROUP INSURANCE SCHEME FOR STUDENTS)

#### STUDENTS REGISTRATION FORM

## (Copy to be submitted alongwith the Admission Form)

1.	Name of Insured (Student)	:-	
2.	Class	:-	
3.	Residential Address	:-	
4.	Students' Date of Birth	:-	
5.	Blood Group	:-	
6.	Name of the Guardian	:-	
7.	Signature of the Guardian	:-	
8.	Amount of premium paid In Cash or in Cheque (detail	:- s)	
			Student's Signature
			FICE USE ONLY
Recei	ved from student (N	ame	of
	course ) pr	emium o	of Rs against the receipt
no	dated		

Institute / Department / College Seal / Stamp with Signatures

(College to preserve the slip alongwith Admission Form)

### DECLARATION

1.		son / daughter of hereby				
	solemnly affirm that the following statements made by me are true to the best of my knowledge					
	and be	elief.				
A)	I will	I will abide by all rules and regulations especially those of the college and Mumbai University				
	regard	ling discipline, dress code, examinations and payment of fees.				
B)	I will attend the lectures and tutorials regularly.					
C)	I am aware that:					
	(a)	According to ordinance 0.119, (Circular No.UG/502 of 1989 dated 6.10.99) For granting				
		the terms in each subject minimum attendance of 75% of the theory, lectures, practicals				
		and tutorials (wherever prescribed) separately will be required out of the total number of				
		lectures, practicals and tutorials in the subject conducted in the term.				
	(b)	According to Ordinance 0.125 to keep a term of a college or a recognized institution, an				
		undergraduate must complete, the satisfaction of the Principal or the Head of the				
		Institution, the course of the study at the College or Institution prescribed for such a term,				
		for the class to which such undergraduate then belongs.				
D)	I understand that failure to comply with the provision of ordinance 0.119 and 0.125, I may not be					
	allowed to appear for the First / Second Term College Examination and my Examination Form					
	for the	e admission to the University Examination may not be sent.				
Signat	ure of th	ne candidate				
Name	of the C	Candidate				
Date _		Place				
_		DECLARATION BY PARENT / GUARDIAN				
I,		the father / mother / guardian of				
		an applicant for admission to in your				
colleg	ge, here	by solemnly affirm that all the above statements made by my son / daughter / ward				

are true to the best of my knowledge and belief. I acknowledge the right of the college to refuse admission to my ward if he / she is found irregular in attendance of his / her performance at the college examination / test / tutorials is unsatisfactory or for any other reason. I further assure that my ward will comply with order 0.119 & 0.125 and I will be responsible for his / her conduct in the college.

Signature of the parent / guardian Name of the Parent / guardian Address & Phone No.

Date :		
	FOR OFFICE USE	
Class	Division	Roll No
Date	Receiver's Signature	