



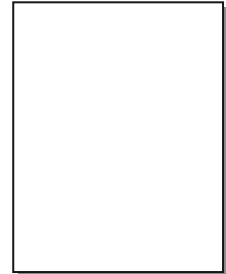
**DR. C.V. RAMAN UNIVERSITY**  
**KARGI ROAD, KOTA, BILASPUR (C.G.)**

**BUS REGISTRATION FORM**

SESSION .....

(OLD  NEW  STUDENT)

- 1. Fee receipt No. : .....
- 2. Name (In block letters) : .....
- 3. Father's Name : .....
- 4. Course : .....
- 5. Mobile No. : .....
- 6. Residence Phone No. : .....
- 7. Blood Group : .....
- 8. Stoppage : .....
- 9. Bus No. : .....



10. (a) Address for communication

(B) Permanent Address

.....  
.....  
.....

.....  
.....  
.....

2. Ph.No./Mo.No. (Calls and Messages sent through this phone/mobile number only be accepted officially) .....

3. Email ID (The e-mail sent through this e-mail ID only be accepted officially)  
.....

4. Name & address of Local Guardians and Visitors & their relationship with the candidates (Maximum Two)

- 1. ....
- 2. ....

**Signature of Student**

**Signature of Guardian**

**Signature of Bus In charge**

**Date :**

- Note :**
- 1. Bus facility should be availed at least for one year.
  - 2. Once student have taken the facility then he/she can't leave at least for one year.
  - 3. Bus fee can't be refundable.