

Mizoram University

AIZAWL:MIZORAM

**Application form for Duplicate Registration Card**

1. Name (in block letters) : ……………………………………………………………………………………

2. Sex (Male or Female) : …………………………………………………………...........………………

3. Father’s Name : …………………………………………………………………..………………

4. Date of Birth (D/M/Y) : …………………………………………………………...........………………

5. Registration No. with Year : …………………………………………………………………..………………

6. Name of the College/Department : …………………………………………………………………..………………

7. Complete Postal Address : …………………………………………………………………..………………

8. Phone/Mobile No. : ……………………………………………………………………………………

8. No. & Date of Payment of fees : …………………………………………………………………..……………….

**Dated the ………………………………. Signature of the Applicant**

**Notes :**

1. Payment of Rs. 300/- be made by the University Challan deposited to the Finance Department, Mizoram University or by Demand Draft payable at SBI/UBI in favour of Mizoram University.

2. Affidavit should be enclosed.