

PEC UNIVERSITY OF TECHNOLOGY: CHANDIGARH

STUDENT PERSONAL DATA FORM

(To be filled in capital letters)

Name		Father's Name																	
StudentID		Mother's Name																	
Branch		Permanent Address																	
Year of Admission	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	2	0	1		City													
2	0	1																	
Date of Birth	<table style="display: inline-table; border: none;"> <tr> <td style="border: none;">D</td><td style="border: none;">D</td><td style="border: none;">M</td><td style="border: none;">M</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y									State	
D	D	M	M	Y	Y	Y	Y												
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Pin																	
Hostler	Day Scholar <input type="checkbox"/> Hostler <input type="checkbox"/>	PhoneNo.	Landline <input style="width: 100px;" type="text"/> Mobile No. <input style="width: 100px;" type="text"/>																
Category	Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> PH <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Freedom Fighter <input type="checkbox"/> NRI <input type="checkbox"/>	Present Address																	
Email		City																	
Status	UG	Pin																	
		PhoneNo.	Landline <input style="width: 100px;" type="text"/> Mobile No. <input style="width: 100px;" type="text"/>																

Student's Signatures : _____

Date: _____