

VIDYA RATTAN INSTITUTE OF COMPUTER APPLICATIONS

LEHRA-SUNAM ROAD, KHOKHAR (SANGRUR)-148030

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COLLEGE BUS FORM FOR BCA/ B.COM/ PGDCA

Student's Name
Father's/ Guardian's Name
Semester
Date of Birth Age
Sex: Male () Female () Roll No
Permanent Address:
Correspondence Address:
Phone No
Route
Fees Received.
Balance Fees.
<u>UNDERTAKING</u>
I hereby state that information provided above is true to the best of my knowledge.
Condition:-
Fees once deposited will be refunded as per norms.

Guardian/Parent Signature

Student Signature