

Ch. Devi Lal State Institute of Engineering & Technology

(Formerly, Ch. Devi Lal Memorial Govt. Engg. College)
Panniwala Motta, Distt. Sirsa, Haryana-125077
www.cdlsiet.ac.in Ph. No. 01668-277597

No. CDLSIET/2021/ 83

Dated: 04.02.2021

NOTICE

All newly admitted students of B. Tech. 1st year & 2nd year (LEET) and directed to submit their filled registration Performa in hard copy. The Performa may be collect & deposit after filled in Academic Section on or before 15.02.2021. So that the all data may be submit on the university web portal well in time, otherwise the students will be responsible for the delay of registration / fine imposed by the University if any.

Students are advised to treat it as MOST URGENT & DATE BOUND.

Officer-in-Charge Academic CDLSIET, Panniwala Mota

CC to:

1. All HOD's, with a request to inform the concerned students.

2. Notice Board (College)

3 Programmer, with a request to upload the same & Performa on the Institute web site.

4. P.A to D.P. for kind information of Director-Principal.

	Ch. D	evi Lal	Universit	y, Sirsa	
Name of College:	CDLSIET, Pan	niwala Mo	tion Perforn ota (Sirsa)	na	
Please paste a passport size (35 mm X 45 mm) Photograph here, Do NOTstaple. Photo should not exceed the borders. * Student should sign strictl this box only with black in		ctly inside		Roll No. * DD/MM/YYYY)* D/MM/YYYY)*	
Kindly read important 1. Use blue/black ink to f 2. Fill in all fields in CAI	ill in the form and Do N	form;		· :	
3. Fields containing * are 1. PERSONAL INFO Name of the Student: * (as printed on std. 10 Pa Father's Name in Hindi	mendatory. RMATION SECTION assing Certificate)	Й			. /
Father's Name* as printed on std. 10 Pa Mother's Name* (as prin Student's Name in Hind	ted on std. 10 Passing C	ertificate)	. 4	Y	
Mother's Name in Hindi Marital Status: Unmarr		ed/ Widowed/	Deserted: *	Place of Bir	rth*
Blood Group Country of Citizenship	Mother 7	A Student's location Category		Religi	•
Aadhar No. State*	District*		Sandin Category. I	Country Tehsil*	INDIA
Address * (House no, street/area/ suburb etc.)			/illage/Town*		PIN*
Mobile No Domicile of State*		Email Add (Only in Capi Employme	ital Letters)		
Candidate Category*			inder Category*	Ψ ,	*****
If Physically challenge Is guardian EBC: Yes/			ing Impaired / Orthope ome of the Guardi		Retarded
Occupation of the Guar					
Family ID No.: (Yes/No) if yes please fill ID No	os. :			
	_	yes please fills e no.: if yes plea			