



Academic Session:

S. No	Regn. no

***To be Pri**

..... **Name of College**

Programme Name

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e/Department

Date of Addmission

Submitted on

GURU

..... Last Date of Ac

College Roll No

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UGRAM UNIVERS

(A State Govt. University Established u

CONTINUATION REGIST

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Student Name

size only.

CITY, GURUGRAM

nder Haryana Act of 2017)

RATION RETURN

se.....Year.....Date o

Father Name

f Submission of Continuation Return...

Mother Name	

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Year and Session

arts, Science, Me

Result

Medical, Non-Medical, Commerce
Whether belongs to SC/ST

Admission Cat

