

# DR. C.V.RAMAN UNIVERSITY

## Anti Ragging Form

Date:.....

### Personal Detail:-

Student's Family Name*	
Student's Middle Name*	
Student's First Name*	
Gender*	
Nationality*	
Student 's Mobile Number *	
Student's friend Mobile number in case of an emergency	
Landline Number*	
Student's Email ID*	
Confirm Student email ID*	
Permanent Address 1 *	
Address 2*	
City*	
State*	

### Parent/Guardian Details:-

Parent /Guardian's Name*	
Parent /Guardian's Address 1 *	
Address*	
State*	
Residence Phone No.	
Mobile No. of Parent / Guardian *	
Parent /Guardian's Email ID*	

### Course Details:-

Under Graduate or Post Graduate*	
Name of the course*	
Your Registration/Enrolment Number*	
How many Student are in your class*	
Year of study*	