



OFFICE OF THE CONTROLLER OF EXAMINATIONS & ADMISSION  
**UNIVERSITY OF SCIENCE & TECHNOLOGY, MEGHALAYA**

Techno-City, Kling Road, Baridua, Meghalaya-793101



**SIXTH CONVOCATION-2020**

**REGISTRATION FORM**

*(To be filled in and signed by the concerned candidate only)*

1. Name (IN CAPITAL LETTERS) : \_\_\_\_\_
2. Roll No. : \_\_\_\_\_ Enrolment No. \_\_\_\_\_
3. Father's Name : \_\_\_\_\_
4. Mother's Name : \_\_\_\_\_
5. Course : \_\_\_\_\_ Year of Pass: \_\_\_\_\_
6. Final Result in Detail : CGPA: \_\_\_\_\_ Grade: \_\_\_\_\_
7. Department : \_\_\_\_\_
8. School : \_\_\_\_\_
9. Whether willing to attend the Convocation in person (Yes / No.) \_\_\_\_\_

**NB :** Self Attested Photo copy of (Final Semester Grade Sheet, Transcript & Enrolment Certificate) to be enclosed along with the form.

Correspondence Address: \_\_\_\_\_

P.O.: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

10. Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_
11. Are you willing to be a member of Alumni Association? Yes/No.....

*I declare that the above information is true and correct to the best of my knowledge.*

Date: ...../...../.....

**Full Signature of the Candidate**

**PAYMENT DETAILS (Office Use Only)**

DD ☐ Bank Transfer ☐ Cash ☐ to be adjusted from Caution Deposit ☐

Amount of Convocation Registration fees: \_\_\_\_\_

(In Words.....Only)

i. DD No \_\_\_\_\_ DD Date: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

ii. Transaction Details \_\_\_\_\_ Date of Transfer \_\_\_\_\_

**NB: Filled up form may be sent through following**

**E-mail:** [ustm.convocation@gmail.com](mailto:ustm.convocation@gmail.com)

**WhatsApp:** 97077 23379 / 97069 96236 / 91018 16762

*Controller of Examinations  
USTM*