**ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION**

**BIO-METRIC ATTENDANCE REGISTRATION**

**STUDENT FORM**

**Name of the College:-**

**Location of the College:-**

**Distrct:-**

**Name of the University:-**

**Student ID:-**

**Student Aadhar Number:-**

**Student Name:-**

**Department/Course:-**

**Year of studying:-**

**Date of Birth of the Student:-**

**E-mail ID of the Student:-**

**Mobile Number of the Student:-**

**College Building Name:-**

**Address of the Student:-**

**Parent Mobile Number:-**

**Colour Photograph:-**

**Signature of the Student**

**Signature of the Head of the Department**