**** *(To be filled in Triplicate)*

 **CENTRAL UNIVERSITY OF SOUTH BIHAR**

 Course Registration Card under CBCS / Non- CBCS

**[Registration for Course(s) in \_\_\_\_\_\_\_\_\_\_(Odd/Even) Semester of Academic Year \_\_\_\_\_\_\_\_\_\_\_\_\_]**

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 Name of the Student (in Capital Letters):

Programme: \_\_\_\_\_\_\_\_\_Semester: \_\_\_\_\_\_\_ Batch:\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Enrollment No.: Sex: (M/F) \_\_\_\_ Category: (Gen/OBC/SC/ST/PH) \_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mob. |  |  |  |  |  |  |  |  |  |  | E-Mail: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DECLARATION**

Certified that I have/am:

1. Not registered for pursing any other full-time programme of study in this University or in any other University/Institution.

2. Cleared all dues.

3. Paid the current programme /semester fee of Rs. \_\_\_\_\_\_\_\_\_\_\_vide receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_\_\_(*Copy to be attached*) and also the CUCET Counselling cum Registration fee of Rs. \_\_\_\_\_\_\_\_\_\_\_ vide receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Copy to be attached*).

4. Not studied/earned credits from the same course(s) for which I am registering in this semester.

5. Read the relevant provisions/instructions very carefully and solely responsible for the accuracy of the information furnished by me in the course Registration Card.

Date:……………………… Student’s Signature

**No Dues Certificate**

***(For the students of 2nd Semester and onwards)***

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| --- | --- | --- |
| Library | Assistant/Deputy/Librarian |  |
| Computer Laboratory | System Analyst/Computer Lab I/c |  |
| Other Laboratories | I/c Lab/Lab Tech./Assistant |  |
| Account Section | Section Officer/Assistant Registrar/FO |  |
| Hostel | Warden/Chief Warden*(Boys Hostel in case of Males & Girls Hostel in case of Females)* |  |
| Academic Section | Assistant Registrar/Section Officer/Dept. Office I/c |  |

**PARTICULARS OF COURSE (S) FOR REGISTRATION**

*(Courses to earn minimum 20 credits and maximum 32 credits are to be registered subject to respective degree ordinance)*

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| **Sl. No.** | **Course Code** | **Course Title** | **Credits** | **Type of Course****(Core/ Elective****/ Self Study)** | **Name of Offering Department**  | **Student’s Signature with date** | **Mentor’s Signature with name and remarks, if any** (to be filled later) | **Consent/Remarks of the Course Teacher with Signature** (to be filled later) |
|  |  |  |  | Core |  |  |  |  |
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|  |  |  |  | Elective |  |  |
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**For Office Use**

Date of Submission by the Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Credits registered for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked by (Name & Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by (Head/Head I/c)