

Course Registration Card under CBCS

Name of the Student (in Capital Letters):

[illegible]

Enrollment No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex: (M/F)	Category: (Gen/OBC/SC/ST/PH)	Father's Name:
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[illegible]

Sex: (M/F) _____ Category: (Gen/OBC/SC/ST/PH) _____ Father's Name: _____

[illegible][illegible][illegible]

1. Not registered for pursuing any other full-time programme of study in this University or in any other University/Institution.
2. Cleared all dues.
3. Paid the current semester 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.

Student's Signature

(For the students of 2nd Semester and onwards)

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)

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	Consent/Remarks of the Course Teacher with Signature
				Core				
				Elective				

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)