

Course Registration Form under CBCS / Non-CBCS

***[Registration for Course(s) in ………… Semester of Academic Year ……………….]***

|  |  |  |
| --- | --- | --- |
| ***Student's Name :***  | ***Enrolment No :***  | ***Sex :***  |
| ***Category :***  | ***Mobile :***  | ***E-mail :***  |
| ***Father’s Name :***  | ***Semester:***  | ***Session :***  |
| ***Programme :***  |  | ***NAD ID :***  |

# DECLARATION

## Certified that I have / am :

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 **₹ 0.00** vide receipt number 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 and Date

**No Dues Certificate *(For the students of 2nd Semester and onwards)***

|  |  |  |
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| ***Library / Dupty Librarian / Assistant Librarian*** | ***University Librarian / Central Library I/C*** |  |
| ***Computer Laboratory*** | ***System Analyst / Computer Lab I/C*** |  |
| ***Other Laboratories*** | ***I/C Lab/Lab Tech./Assistant*** |  |
| ***Account Section*** | ***Section Officer / Assistant Registrar / FO (Fee Details Verified)*** |  |
| ***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.*** | ***Code*** | ***Title*** | ***Credit*** | ***Type*** | ***Department*** | ***Consent / Remarks of the Course Teacher with Signature*** | ***Student’s Signature with date*** | ***Mentor’s Signature with name and remarks (if any)*** |

***For Office Use***

***Date of Submission by the Student***

***Total Credits Registered (0)***

***Checked by the Department Office (Name & Signature & Date)***

***Approved by (Head/Head I/C)***