

P.D.M UNIVERSITY, BAHADURGARH

ODD SEMESTER REGISTRATION FORM JULY/AUGUST-2018

1. Name of Student: _____	Paste here Recent Photograph
2. Department: _____	
3. Name of Programme/Courses: _____	
4. Year/Semester: _____	

5. Registration/ Roll No.: _____

6. Address: _____

7. No Student's Contact No.: _____ Email ID _____

8. Parents Contact _____

9. Result % of last semesters (mention subject if Re-appear in any semester)

1st 2nd 3rd
4th 5th 6th
7th 8th 9th

10. University Fee Deposited up to the Current Odd Semester (Write Yes/No)

1st 2nd 3rd
4th 5th 6th
7th 8th 9th

I, _____ hereby declare that I will abide by the rules and regulations of the University/Institute and be present in all classes except in case of extreme valid reasons. It is also declared that my attendance will not be less than 75% in all Theory and Lab Classes. If my attendance is found to be less than the above prescribed University requirements, I will not be allowed to appear in Class test examinations as well as University end-semester examinations.

Signature of Student

DATE:-.....

Forwarded by

Signature of HOD/Class Teacher

Approved by

Signature of Dean