



ODD SEMESTER REGISTRATION FORM JULY/ AUGUST 2019

1. Name of Student	:	_____	
2. Department	:	_____	
3. Name of Programme/ Courses	:	_____	
4. Year/ Semester	:	_____	
5. Registration/ Roll No	:	_____	
6. Address	:	_____	

7. Student's Contact No.	:	_____	
Email ID	:	_____	
8. Parent's Contact	:	_____	
9. Result % of last semester (mention subject if Re- appear in any Sem.)	:	1 st : _____ 2 nd : _____ 3 rd : _____ 4 th : _____ 5 th : _____ 6 th : _____ 7 th : _____ 8 th : _____ 9 th : _____	
10. University Fee Deposited up to the Current Odd Semester (Write Yes/No)	:	1 st : _____ 2 nd : _____ 3 rd : _____ 4 th : _____ 5 th : _____ 6 th : _____ 7 th : _____ 8 th : _____ 9 th : _____	

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 requirement, I will not be allowed to appear in Class test examinations as well as University end-semester examinations.

Date: _____

Signature of Student

Forwarded by : _____

Approved by : _____

Signature of HoD/ Class Teacher

Signature of Dean