

**REGISTRATION FORM**

Registration Number:

Name of the Student:

Father's Name:

Mother's Name:

Mob: No

School:

Program:

Academic Year:

Semester:

**UTR.No**

S. No	Subject Code	Subject Name	Credits	Registered
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				

Courses Fees: Cleared/Not Cleared

Credits Registered during Current Semester:

Hostels Fees: Cleared/Not Cleared

Signature of Registration Advisor

Transports Fees: Cleared/Not Cleared

Signature of Student

**Date:**

**Signature of HOD**

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