

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (A)

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ACADEMIC & EXAMINATION CELL

REGISTRATION FORM

					Date:	
1. Name of the Student		:				
2. Roll No.			:			
3. Name of the Programme			: M.E. / M.Tech. ()			
4. Semester: <u>I</u>			5. Mobile No.: 6. Email ID:			
7. <u>D</u>	etails of Anı	nual Tuition	Fee: (Attach P	roofs for Payment)		
a)	Status of Tu	ition Fee Pay	ment	:		
b)	Date of Fee	Payment for	the A.Y. 2024-2	25 :		
c)	Mode of Pa	yment		:		
d)	Receipt No.	with date		:		
8. <u>De</u>	etails of Sub	jects register	ing for I – Sem	ester:		
S. No.	Course Code	Name of	f the Course	Core / Programme Elective / Open Elective / Internship (if any)	Pursuing through Institute / NPTEL / MOOCs	Remarks
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Note: Registration is not permitted with any fee due.					Signature of the Student	
Rem	arks of Hea	d of the Depa	rtment:			
Fee I	Due, if any:					
					Signatura	of the HOD

DIRECTOR – AEC & COE

PRINCIPAL