



# CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (A)

Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M), Hyderabad - 500 075, Telangana State

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## ACADEMIC & EXAMINATION CELL

### REGISTRATION FORM

Date: \_\_\_\_\_

1. Name of the Student : \_\_\_\_\_

2. Roll No. : \_\_\_\_\_

3. Name of the Programme : MASTER OF BUSINESS ADMINISTRATION

4. Semester: I      5. Mobile No.: \_\_\_\_\_      6. Email ID: \_\_\_\_\_

7. **Details of Annual Tuition Fee: (Attach Proofs for Payment)**

a) Status of Tuition Fee Payment : \_\_\_\_\_

b) Date of Fee Payment for the A.Y. 2024-25 : \_\_\_\_\_

c) Mode of Payment : \_\_\_\_\_

d) Receipt No. with date : \_\_\_\_\_

8. **Details of Subjects registering for I – Semester:**

S. No.	Course Code	Name of the Course	Core / Programme Elective / Open Elective / Internship (if any)	Pursuing through Institute / NPTEL / MOOCs	Remarks

Note: Registration is not permitted with any fee due.

Signature of the Student

Remarks of Head of the Department:

Fee Due, if any: \_\_\_\_\_

Signature of the HOD

DIRECTOR – AEC & COE

PRINCIPAL