



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: IV 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 IV – Semester:

S. No.	Course Code	Name of the Course	Core / Programme Elective / Open Elective / Internship / Project (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