ACADEMIC & EXAMINATION CELL

REGISTRATION FORM

Date: _____

1. **Name of the Student** : _____

2. **Roll No.** : _____

3. **Name of the Programme** : B.E. / B.Tech. (_____)

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. 2022-23 : _____

   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 / Project / Seminar	Pursuing through Institute / 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**