



CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (A)

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

Phone No: 040-24193280; Fax No: 040 – 24193278; Website: www.cbit.ac.in

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: VII 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 VII – Semester:**

| S. No. | Course Code | Name of the Course | Core / Programme Elective / Open Elective / Project / Seminar | Pursuing through Institute / MOOCs | Remarks |
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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