

COURSE REGISTRATION APPLICATION FORM FOR THE PROGRAMMES CONDUCTED IN THE UNIVERSITY DEPARTMENTS UNDER CHOICE BASED CREDIT SYSTEM FOR THE ACADEMIC YEAR 2013-14

NAME OF THE STUDENT	REGISTRA	REGISTRATION NUMBER		
DEPARTMENT	Name of the Programme	I	Semester Month & Year	
1. Date of Birth:	2. Sex: Male / Female			
3. Name of Father / Husband	Mother			
4. Native State:				
5. (a) Residential Address	(b) Address for	(b) Address for Communication		
Pin CodeTel. / Mobile	Pin Code	Tel. / Mobile	e	
	Email:			
6. Registration of Courses including				
Course Title	Core/ Internal/ External Elective/Soft Skills	Credits	Signature of the Course Faculty	