Registration Form

Student's Name: _____ University Roll No.: _____

Father's Name: _____ Mother's Name: _____

Mobile Number: _____ Email ID: _____

Branch / Current Semester: _____

	1st semester	2nd semester	3rd semester	4th semester	5th semester
CGPA details					
Reappear details (if any)					

Subjects Detail in the Current Session:-

Sr. No.	Subject Code	Subject Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Student's Signature: _____

Class In-charge Signature: _____

Name: _____

HOD / OIC: _____

AS&H/CE/CSE/EE/ECE

OIC Academics: _____