Students Registration Form - PG & Ph.D Courses									
Department of Study:									
Programme:					Semester to be Registered:				
Brach:					Specialization:				
Nature of semester to be Registered:ODD/EVEN									
Sl.No	Slot	Course No.	Course Name	Course Dept.	Hrs/Week	Credit	Faculty Name	Course Type	Faculty Signature

Students Name:

Course Coordinato'rs Name:

Students Signature:

Course Coordinato'rs Signature:

Register No:

Date:

Note:

HEAD OF THE DEPARTMENT

1.Programme: M.Sc/MBA/MCA/LLM/M.Tech/M.Phil/Ph.D

2. Course Type; Core/Elective/Laboratory/Seminar

3.Course Dept: Department offering the course

4.Faculty Signature:The student must get approval from the concerned faculty offering the course

5.Course Coordinator's Signature: The Course Coordinator must verify the relevance of the subjects selected and approve the same