

[Handwritten Signature]
5/6/17

REGISTRATION FORM

Academic Session: 20_____ Odd Sem. Even Sem. (Please Tick in the Boxes)

1. Programme: - B.Tech M.Tech MBA MCA Ph.D.

2. Branch/Specialization _____

3. Registration for the Semester (Please tick in the table below)

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th

4. Particulars of the student

- i) Name (In Block Letter) _____
- ii) Roll No. _____
- iii) Father's Name _____
- iv) Telephone/Mobile No. _____
- v) Email ID _____

5. Hosteller (Yes/No) _____ Hostel No. _____ Room No. _____

6. Fees receipt no. _____ dated _____ Deposited _____
(ORIGINAL FEES DEPOSITED RECEIPT ATTACHED)

7. Declaration

I solemnly declare that all the particulars filled as above are correct and that in case of any discrepancy found therein subsequently at any stage, I shall be responsible for the consequences arising out of it.

Date.....

Signature of Student

8. We certify that there are no dues pending against the student.

Librarian
Signature with Seal

*Hostel Warden
Signature with Seal

#Deputy Registrar (Accounts)
Signature with Seal

Deputy Registrar (Academic)

* Applicable for hosteller students only

Not applicable for ICCR students