

STUDENT'S INFORMATION											
REGISTRATION NO:				-			-				
STUDENT NAME:											
DEGREE PROGRAM:											
BATCH / TERM:	Spring		Summer		Fall		Year	2	0		
CAMPUS :	Main		City		North						

STUDENT'S ACADEMIC INFORMATION											
CGPA:											
NO OF COURSES PASSED:											
NO OF COURSES LEFT:											
PROJECT PASSED:	YES		NO								
INTERNSHIP DONE:	YES		NO								

STUDENT'S CONTACT INFORMATION											
ADDRESS :											
TELEPHONE (RES):											
TELEPHONE (OFF):											
MOBILE:											
EMAIL:											
STUDENT SIGNATURE											DATE

FOR OFFICE USE ONLY

Registration Office: Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Manager R&E: _____ Signature: _____ Date: _____	Accounts Office: Fee Amount Rs. 3000/- received: Yes <input type="checkbox"/> No <input type="checkbox"/> Name Acc Officer: _____ Signature: _____ Date: _____	Accounts Office: Outstanding Balance:- Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Then How Much: _____ Name of Acc Officer: _____ Signature: _____ Date: _____
--	---	--

Note:

- 1- This registration form will be initiated by student for appearing in comprehensive exam.
- 2- After payment the form must be submitted to the Registration Department.
- 3- Accurate information should be provided, no duplication accepted.
- 4- Institute can change schedule date of comprehensive examination at any time.
- 5- Student should ensure that no fee is outstanding against him/her. In case of outstanding fees, student will not be allowed to appear in Comprehensive Exam.