

INTER CAMPUS REGISTRATION FORM

Registration #: - - -

Semester: SPRING 1 SUMMER 2 FALL 3 Year: 2 0 2

Name: _____ Program: _____

Sift: Morning ☐ Evening ☐ Address: _____

Area: _____ City: _____ Post Code: _____

Telephone # Office: _____ Home: _____

Mobile: _____ Fax: _____

E-mail: _____

S. No	Class ID	Course Name	Prerequisite Completed?	Remarks

Note: Please Attach Accounts Statement.

Applicant Signature

Date: D D M M Y Y Y Y

Approved ☐ Not Approved ☐

FOR OFFICE USE ONLY

Director College – Main Campus

Academic Officer – Main Campus

Accounts Office – Main Campus
for Verification and Clearance

Program Manager – City Campus