

School of Undergraduate Studies Course Registration Form

Name: _____ **Batch:** _____

Enrolment No: _____ **Semester:** _____

Programme: _____ **Academic Year: 20__ 20 __**

Email Id: _____ **(Monsoon/Winter)**

Mobile No: _____

Details of courses

Sl. No.	Course Code	Course Title	** Course Type	Whether Repeat / Improvement/Replacement
1	S U S 1			
2	S U S 1			
3	S U S 1			
4	S U S 1			
5	S U S 1			
6	S U S 1			

** Course Type - Foundation Compulsory/ Foundation Optional/ Compulsory/Elective

DECLARATION

Certified that I have read the relevant provisions / instructions very carefully, and I am solely responsible for accuracy of the information furnished by me in the course registration form.

Signature of the student: _____

Date: _____

For Office Use Only

The courses mentioned above by the student are correct and the student is permitted to register these courses.

Office staff/SUS

Programme Coordinator/SUS