

Course Registration Form

Academic Session :..... Semester:

Name of the Student: _____

Enrollment Number of the Student: _____

Program Name : Ph.D./ M.Tech.-Ph.D./ MBA-Ph.D./
(*encircle one*) Ph.D. (Working Professionals (WP))/M.Tech. by Research (WP)/ MBA (WP)

Department :
.....

Sr. No.	Course Title	Course Code	Credits (L-T-P)	Instructor	Signature of Instructor
1.					
2.					
3.					
4.					

Total Research Credit opted in the current semester :

Signature of Student with Date
Mobile No.: _____

Recommendation of Supervisor(s)

Comments:.....
.....

Supervisor(s) Signature with Date

Supervisor(s) Signature with Date

Signature of Convener, DPGC with Date

Approved/Disapproved

Associate Dean, R&D