

A.I.TH. : DEGREE PROGRAMME

Registration Form (IInd year to Final year)

Form No. DEG/20 - /

AKTU Roll Number :

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Class : II / III / Final B. Tech.

Branch :

Semester :

Affix Photo

1.	Name (in BLOCK Letters)	:						
2.	Date of Birth	:						
3.	e-mail Id	:						
4.	Aadhar No. of Student	:						
5.	Father's Name & Aadhar No.	:						
6.	Mother's Name & Aadhar No.	:						
7.	Mobile Nos.	:	Father:		Student:			
8.	% marks of qualifying semester	:	I / II Sem.	III / IV Sem.	V / VI Sem.	VII Sem.		
			<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		
9.	Address	:	District : State : Pincode :					
10.	Category (GEN/OBC/SC/ST)	:					Minority (Yes/No) :	
11.	Gender (Male/Female/Trans)	:						
12.	Whether Handicapped (Please Tick) If yes, please specify type of disability	:	No	Yes	Type of Disability	Percentage of Disability		

13. Details of Current Semester Subjects opted by the student :

Theory			Practical		
Sl.	Subject Code	Subject Name	Sl.	Subject Code	Subject Name
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		

14. Details of all Carry Over Papers, if any.

Sl.	Subject Code	Subject Name	Semester (Even/Odd)
1.			
2.			
3.			
4.			
5.			

15. Details of Audit Courses

Cleared	Not Cleared	Result awaited

Declaration & Undertaking by the student

I.....declare that the above information is correct & undertake to complete the required attendance & complete term work prescribed for the subjects being registered by me as above. I will abide by all the rules and regulations of study and examination as prescribed by the institute and the University.

Date :

Incharge Approval

Signature of the student

Note : Please attach duly signed printout of antiragging undertaking affidavit generated on line.

Office use only

Challan No. : _____ DD No. : _____ Bank Name & Branch : _____
 Date : _____ DD Date : _____ Amount : _____