

A.I.TH. : DEGREE PROGRAMME

Registration Form (Ist year to Final year)

Form No. DEG/20 - /

AKTU Roll Number :

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Class : I / 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. | | Aggregate | |
| 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 : _____