

Academic Deficient

Program Name: _____ (_____ SEMESTER)

Name of Student:	Enrolment No.									
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Programme: _____ Semester _____ Hostel No. _____ Room No.: _____ Mobile _____

Fee Submission Details:

Bank Name/Cash: _____ DD No./ITR/Receipt No _____ Date : _____ Amount: _____

Mess Fees Submission Details:

Bank Name/Cash: _____ DD No./ITR/Receipt No _____ Date : _____ Amount: _____

S N.	Course Code	Course Title	Type of course: Compulsory/Elective/other	Credits
1				
2				
3				
4				
5				
6				
7				
8				
9				
			Total:	

Verified from the list of courses offered.

DUGC/DPGC Convenor

Academic Office

Signature of Student

*Tear here***STUDENT COPY****ACADEMIC REGISTRATION FORM (2016-17)**

(ODD SEMESTER)

Academic Deficient

Program Name: _____ (_____ SEMESTER)

Name of Student:	Enrolment No.									
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Programme: _____ Semester _____ Hostel No. _____ Room No.: _____ Mobile _____

Fee Submission Details:

Bank Name/Cash: _____ DD No./ITR/Receipt No _____ Date : _____ Amount: _____

Mess Fees Submission Details:

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