



ਗਿਆਨੀ ਜੈਲ ਸਿੰਘ ਕੈਪਸ ਕਾਲਜ ਆਫ ਇੰਜੀਨੀਅਰਿੰਗ ਐਂਡ ਤਕਨਾਲੋਜੀ, ਐਮ.ਆਰ.ਐਸ.ਪੀ.ਟੀ.ਯੂ, ਝੰਬਵਾਲੀ ਰੋਡ, ਬਠਿੰਡਾ।

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ACADEMIC SECTION

E-mail : academics-gzscet@mrsptu.ac.in

STUDENT REGISTRATION FORM

(Session:)

(Instructions Overleaf)

Course/Branch _____ Batch _____ Semester of Registration _____

- (1) Name (In block letters) _____
 (2) Father's Name (In block letters) _____
 (3) University Roll No _____
 (4) Contact Address _____
 (5) Mobile No. _____ E-mail ID _____
 (6) Fee deposited _____ Fee Receipt No. _____ Date _____

Regular Semester Subjects to be registered

Regular Semester Subjects to be registered				
Sr. No.	Subject Code	Subject	Pr/Th.	No. of Credits
(A) Total no. of Credits				

Re-appear Subjects (Attendance/Sessional)

Re-appear Subjects (Attendance/Sessional)						
Sr. No.	Sem.	Subject Code	Subject	Pr./Th.	No. of Credits	Attendance/ Sessional
(B) Total no. of Credits						

Grand Total of Credits (A+B)

Previous semester Results

[illegible]

Signature of Student

Student qualified to register in Current Semester.....Yes/No

Student reported for registration in person on date _____

Checked & Verified

Registration I/C _____

Head of Department