

**Dr. B. R. AMBEDKAR POLYTECHNIC COLLEGE, GWALIOR - 474009**  
STUDENT REGISTRATION FORM

Roll No. .... Branch ..... Current Sem. ....  
 Name ..... Gender .....  
 (In Block Capital Letters)  
 Father's Name .....  
 Permanent Address .....  
 Local Address ..... Mobile .....  
 Fee Details: Receipt No. .... Date ..... Amount .....

Paste Photo & Sign Below

**Result of Previous Examinations:**

SEM	PASSED	CARRIED OVER
	SUB. CODE	SUB. CODE
I.		
II.		
III.		
IV.		
V.		
VI.		

Courses in which student has to register for the ..... (Month) ..... (Year) examination.

**A. Regular Subjects:**

S. No.	SUB. CODE	NAME OF SUBJECT	TH	PR
1				
2				
3				
4				
5				
6				

**B. Carried Over Subjects:**

S. No.	SUB. CODE	NAME OF SUBJECT	TH	PR
1				
2				
3				
4				
5				
6				
7				
8				

Date .....

(Signature of Candidate)