

## REGISTRATION FORM

ODD SEMESTER ACADEMIC YEAR 2025-26

Program Name	B.E CSE	Batch	2022	Blood group	B+
Student Name	SHUBHAM SINGH	Student ID	2211981384	Allergies (If any)	
Contact Number	7545054035	Email ID	shubham1384.be22@chitkarauniversity.ed		
Name of Guardian		Relation	Father/Mother		
Parent/Guardian Contact Details		8521021880			
Complete Correspondence Address		Munger, Bihar			
Previous Semester Details	CGPA	9.00			

**Course codes in which student has got an I(Incomplete) or F (Failure) grade**

Course Code	Course Title	Semester	Course Code	Course Title	Semester

**Courses in which registration is being done for this Semester**

Course Code	Course Title	Course Code	Course Title
CS275	Web Design And Development		
CS267	Quantitative Aptitude And Reason		
CS244	Professional Practice-Coding		
PD040	Life Skills Business Communicati		
CS183	Lab Oriented Project		

Student Status	Hosteller	BOSE (328)
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**ONLINE ANTI RAGGING UNDERTAKING DETAILS**

(Obtain reference number from antiragging.in)

Reference Number	10521199
Date	8-Jul-2025

**ACADEMIC BANK OF CREDITS (ABC)-ID**

(Obtain from abc.gov.in)

495378918732
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**UNDERTAKING BY THE STUDENT**

I, Mr. /Ms	SHUBHAM SINGH	Student ID:	2211981384	School/Department/College:	Select School/Department
Batch (Year)		2022			

- , Student of Chitkara University undertake the following:
- I will attend all the classes and I will be regular and punctual in all the classes i.e (Theory/Practical) and am aware that if I don't secure 75% attendance, I will not be allowed to appear for the End Term Examination.
  - I do hereby declare that, the details on University ERP is correct to the best of my knowledge. If any change is required in the details, I will submit the request letter and the supporting document for the same to my mentor.
  - I do hereby declare that the entries made by me in the Registration Form are complete and true to the best of my knowledge.

Date: 08-Jul-2025

Signature of the Student