## **Indian Institute of Technology Bombay**

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		<u>(</u>	Course A	Adj	us			1	
Name of Student						F	Roll No.		
Programme							Department		
Academic Year						S	Semester		
Email id						N	Mobile no.		
ADD C	Courses								
Course Code	Course Name			Cre	edit	(Cor	urse Type * re / Elective/ or/ Honor)	Instructors name	
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Signature of Student Sig

Signature of Faculty Advisor

Date:

- Student should submit the form in Academic office after obtaining signature of Faculty Advisor.
- Xerox copy of form may be given to Faculty Advisor.

<sup>\*</sup> Course Type : Core / (Department / Institute / HSS Elective) / Minor / Honor / Audit / PP/NP etc.