

Bennett University, Greater Noida, Uttar Pradesh

(Established under Uttar Pradesh Act No. 24 of 2016)

SUBJECT REGISTRATION : B.Tech. PROGRAM : BATCH 2017-2021

SEMESTER - VIII (A.Y. 2020-21)



Note for Students:

1.Retain this form till finalisation of results.

2.Changes in any part must be resolved before completion of registration process.

3.The registration for even semester - 2020-21, is provisional Subject to clearance of Dues, if any.

(PERSONAL INFORMATION)

NAME OF STUDENT :	KALYANAM VENKATA NAGA SAI JAYARAM KRUTHIK		
FATHER'S NAME :	KALYANAM SRINIVASA RAVI		
ENROLMENT NO. :	E17CSE180		
STUDENT'S TELE NO. :	7981823767	PARENT'S TELE NO. :	9963496844
STUDENT'S EMAIL ID :	saikruthik00@gmail.com		
PARENT'S EMAIL ID :	nravikiran23@gmail.com		

(ACADEMIC INFORMATION)

SCHOOL :	School of Engineering and Applied Sciences	PROGRAM :	B.Tech. - CSE
ACADEMIC YEAR :	2020-21	SEMESTER:	8
REGISTRATION DATE :	09/01/2021	BATCH :	EB03

(SUBJECT INFORMATION)

S.NO.	COURSE CODE	COURSE TITLE	CATEGORY	L	T	P	COURSE CREDITS
1	ECSE488J	INDUSTRIAL/R&D PROJECT	Core Course	0	0	24	12
TOTAL				0	0	24	12

Declaration by students :

I declare that all the information given under 'personal information' is accurate (please fill where blank) and complete, and I intend to register for the courses as listed in the table above.

Signature of Student

Signature

Print Date : 03/03/2021 14:37:24

Name of Approver :

STUDENT PERSONAL INFORMATION UPDATION FORM

KINDLY CORRECT/FILL ALL THE DETAILS IN CAPITAL LETTERS

(ALL FIELDS ARE MANDATORY)

Application No.		Hostel Type-		
Enrolment No.	E17CSE180			
School of studies	School of Engineering and Applied Sciences			
Program	B.Tech.			
Branch	CSE			
Name(as per 10th certificate)	KALYANAM VENKATA NAGA SAI JAYARAM KRUTHIK			
Father's Name	KALYANAM SRINIVASA RAVI			
Mother's Name	KALYANAM VIJAYA SHRI			
Gender	M	Date of Birth(DD/MM/YYYY)	31/03/2000	
Current Address(For Correspondence)	Line 1: H NO: 6-29, OPPOSITE FORTUNE MURALI PARK Line 2: LABBIPET City: Vijayawada PIN Code: 520010 State: Andhra Pradesh Country: INDIA			
Permanent Address	Line 1: H NO: 6-29, OPPOSITE FORTUNE MURALI PARK Line 2: LABBIPET City: Vijayawada PIN Code: 520010 State: Andhra Pradesh Country: INDIA			
Local Guardian	Name Tele Address			
Student Phone No.	7981823767	Blood Group	A+	
Father's Contact No*.	9963496844	Mother's Contact No*.	9848247682	
Student Email ID*.	saikruthik00@gmail.com			
Father's Email ID*.	nravikiran23@gmail.com			
Mother's Email ID*.				
Contact Person Name(In Emergency)		Person's Contact Number(In Emergency)		
Do you have any relative working with Times Group/BCCL? if yes-provide details				
Name:		Designation:		
Name of Company:		Place of work:		

* Contact No. and Email Id of one of the parent is Mandatory.

Date:

Student Signature:

Parent Signature: