

Indian Institute of Engineering Science and Technology, Shibpur
Semester Registration Form for Undergraduate/ Postgraduate Courses

1. Student Name: Priya Patel

2. Department: CSE

3. Programme: UG

4. Registration for: Semester 1

5. Registration No:

6. Email: priya.patel@student.iiests.ac.in

Mobile No: 987654323

7. Details of Institute fee payment:

Amount paid: Rs. _____ Date: ____/____/____ Transaction ID: _____

(Attached self-attested copy of Payment receipt)

8. Subject details (Including practical or Laboratory Subject):

Sl. No	Subject Code	Name of the Subject	Core/Elective	Credit	Remarks
1	CS101	Programming Fundamentals	Core	4	

may add more rows if necessary

Date: _____

Checked by the Department/School/Center/any other authority

(Signature)

Priya Patel
Signature of the Student

Head of the Department/School/Center

Recommended/Not recommended

Scrutinized
PIC (Examination)/ AR (Academic)

Approved/Not approved
Associate Dean (A/C)/Dean (AC)