Office of The Dean Academic

Indian Institute of Engineering Science and Technology, Shibpur

Semester Registration Form for Undergraduate/ Postgraduate Courses

1. Student Name: Ramesh Soren

2. Department: CSE

3. Programme: UG

4. Registration for: Semester 6

5. Registration No:

6. Email: 2022csb086.ramesh@students.iiests.ac.in

Mobile No: 8984090285

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	CS3210	Operating Systems	Core	4	
2	CS3220	Data Communication and Computer Networks	Core	4	
3	CS3230	Information Security and Cryptography	Core	3	
4	CS3240	Software Engineering	Core	3	
5	CS3261	Operating Systems Laboratory	Core	2	
6	CS3262	Networks Laboratory	Core	2	

may add more rows if necessary

Date: _____

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

_____

(Signature)

_____

Ramesh Soren

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)