

**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 5

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	CS301	Machine Learning	Elective	3	
2	CS302	Web Development	Elective	3	

# 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)