Office of The Dean Academic

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 5   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	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)   Priya Patel
                                                                              Signature of the Student

_____   Recommended/Not recommended
Head of the Department/School/Center

Scrutinized   Approved/Not approved
PIC (Examination)/ AR (Academic)   Associate Dean (A/C)/Dean (AC)