

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

1. Student Name: (a) (in English): Noornawaz Rahman

(b) (in Hindi): _____

2. Department/School/Center: _____ 3. Programme: _____

4. Registration for: Semester 7 Semester

5. Registration No: _____

6. G-suite ID: noor@gmail.com

Mobile No: 9087455421

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	CS4101	Compiler Design	_____	4	
2	CS4102	Machine Learning	_____	3	

may add more rows if necessary

Date: _____

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

(Signature)_____
Noornawaz Rahman
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)