



GOVERNMENT COLLEGE OF ENGINEERING AURANGABAD

Railway Station Road, Chhatrapati Sambhajinagar

REGISTRATION FORM

To,
The Dean Academics,
 Government College of Engineering, Aurangabad



Respected Sir,

I request permission to register myself as a
regular student in the **even** semester **VIII** of **BE**
 during the academic year **ESE APRIL-MAY 2025**

No of Subjects (TH) 0	(PR) 0
-----------------------	--------

Date : 06/01/2025 **Signature of Candidate**

Candidate's Information

1. Name in full SHAIKH MOHAMMAD SAAD IQBAL AHMED
2. PRN BE21F06F058
3. Category OBC
4. Branch INFORMATION TECHNOLOGY
5. Gender MALE
6. Scheme INFORMATION TECHNOLOGY-2021-22 (CBCS-NEW)
7. Adm. Batch 2021-22
8. Email saadiqbal1921@gmail.com
9. Mob No. 8799878583
10. Address Zam zam Colony, Beed. 431122

Enclosure : Photo copies of previous result (__ Copies)

Date : 06/01/2025

Signature of the Candidate

Regular Courses

Sr.No	Course Code	Course Name	Credits	Sub. Type
1	ITPR4003	Internship	6	Project

Total Registered Credits - 6

Signature of the Candidate

Signature of Faculty Advisor

Date : 06/01/2025