



GOVERNMENT COLLEGE OF ENGINEERING AURANGABAD

Railway Station Road, Chhatrapati Sambhajinagar

S01

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

Candidate's Information

1. Name in full SWARALI SHIVKUMAR PATHRIKAR
2. PRN BE21F06F050
3. Category OPEN
4. Branch INFORMATION TECHNOLOGY
5. Gender FEMALE
6. Scheme INFORMATION TECHNOLOGY-2021-22 (CBCS-NEW)
7. Adm. Batch 2021-22
8. Email sw04spathrikar@gmail.com
9. Mob No. 8799878681
10. Address d/o.shivkumar pathrikar,plot no.09,paithan gate road,near vishwa
netralay,shardhashram colony,

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