

# **Indian Institute of Technology Guwahati**

### **ACADEMIC SECTION'S COPY**

#### **COURSE REGISTRATION FORM**

**PROGRAM** Session: January May 2016

Semester -

last name/first name/middle name (in capital letters only) Name: **Hostel IITG Email:** Roll No. Name Room No. Other Email: Present home address for communication Address of the local guardian (If not the same as in the last registration) (If not the same as in the last registration) Phone: Phone: Fax: Fax: Email: Email: SI. No. Course No. Course Name L- T - P Credit #Exam Date/Time **Total Credits:** Signature of the student Signature of the Faculty Advisor (with date) Date: Name:

Signature of DoAA/ADoAA (with date)



# **Indian Institute of Technology Guwahati**

### **STUDENT'S COPY**

Session: January May 2016

## COURSE REGISTRATION FORM

<u>PROGRAM</u>

Semester -

Pall Na		Hostel		IITG	Email:			
Roll No.		Name	Room No.	Othe	r Email:			
		ss for communication the last registration	Address of the local guardian (If not the same as in the last registration)					
Phone:				Phone:				
Fax:				Fax:				
Email:				Email:				
SI. No.	Course No.	Course Name			L-T-P	Credit	#Exam Date/Tir	
				Total	Credits			

Signature of DoAA/ADoAA (with date)



# **Indian Institute of Technology Guwahati**

## **FACULTY ADVISOR'S COPY**

### **COURSE REGISTRATION FORM**

PROGRAM •

Session: January May 2016

Semester -

Roll No.	Н	Hostel		Email:				
	Name	Room No.	Othe	r Email:				
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Present home address for communication (If not the same as in the last registration)			Address of the local guardian (If not the same as in the last registration)					
Phone: Fax: Email:			Phone: Fax: Email:					
SI. No. Cours	e No.   Course Name			L-T-P	Credit	#Exam Da	ate/Ti	
			Total					

Signature of DoAA/ADoAA (with date)