

# Indian Institute of Technology Guwahati

**ACADEMIC SECTION 'S COPY**

# MINOR REGISTRATION FORM

**Session:** January May 2016

## PROGRAM •

- Semester -

last name/first name/middle name (in capital letters only)

**Name:**

Roll No.

Hostel	
Name	Room No.

<b>IITG Email:</b>	
<b>Other Email:</b>	

<b>Present home address for communication</b> (If not the same as in the last registration)	
Phone	
Fax:	
Email:	

<p><b>Address of the local guardian</b> (If not the same as in the last registration)</p>	
Phone	
Fax:	
Email:	

Sl. No.	Course No.	Course Name	L- T - P	Credit	#Exam Date/Time
		Total Credits			

**Signature of the student**

Date:

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**Signature of the Faculty Advisor**

Name:

Date:

# please write Mid Semester Examination Date/Time.

# Indian Institute of Technology Guwahati

**STUDENT 'S COPY**

## MINOR REGISTRATION FORM

**Session:** January May 2016

## PROGRAM •

- **Semester -**

last name/first name/middle name (in capital letters only)

Name:

[illegible]

**Roll No.**

Roll No.

## Hostel

Name

Room No.

Hostel	
Name	Room No.

**IITG Email:**

<b>IITG Email:</b>	
<b>Other Email:</b>	

**Other Email:**

**Present home address for communication**  
(If not the same as in the last registration)

<b>Present home address for communication</b> (If not the same as in the last registration)	
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**Address of the local guardian**  
(If not the same as in the last registration)

<b>Address of the local guardian</b> (If not the same as in the last registration)	
Phone	
Fax:	
Email:	

Sl. No.	Course No.	Course Name	L- T - P	Credit	#Exam Date/Time
		<b>Total Credits</b>			

**Signature of the student**

Date:

**Signature of the Faculty Advisor**

Name:

Date:

# please write Mid Semester Examination Date/Time.



# Indian Institute of Technology Guwahati

## FACULTY ADVISOR 'S COPY

### MINOR REGISTRATION FORM

Session: January May 2016

PROGRAM •

• Semester -

last name/first name/middle name (in capital letters only)

Name: 

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<b>Roll No.</b>

Hostel	
Name	Room No.

<b>IITG Email:</b>	
<b>Other Email:</b>	

Present home address for communication (If not the same as in the last registration)	
Phone	
Fax:	
Email:	

Address of the local guardian (If not the same as in the last registration)	
Phone	
Fax:	
Email:	

Sl. No.	Course No.	Course Name	L- T - P	Credit	#Exam Date/Time
Total Credits					

Signature of the student \_\_\_\_\_  
Date:

Signature of the Faculty Advisor \_\_\_\_\_  
Name:  
Date: