

# Indian Institute of Technology Guwahati

**ACADEMIC SECTION'S COPY**

# COURSE REGISTRATION FORM

**Session:** January May 2016

## PROGRAM

- Semester -

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

**Name:**

Roll No.
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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:	

<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:**

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**Signature of the Faculty Advisor (with date)**

Name:

**Signature of DoAA/ADoAA (with date)**



# Indian Institute of Technology Guwahati

## STUDENT'S COPY

### COURSE 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:	
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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 (with date)  
Name:

Signature of DoAA/ADoAA (with date)

# Indian Institute of Technology Guwahati

**FACULTY ADVISOR'S COPY**

# COURSE REGISTRATION FORM

**Session:** January May 2016

## PROGRAM •

- **Semester -**

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

**Name:**

Roll No.
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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 align="center"><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
		<b>Total Credits</b>			

**Signature of the student**

**Date:**

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**Signature of the Faculty Advisor (with date)**

Name:

**Signature of DoAA/ADoAA (with date)**