Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY

Registration Form (B.Tech.)

(Students are advised to retain a Photostat copy of this registration form and deposit the same, duly filled and signed, in the office of HOD on or before the date of registration as specified in the Academic Calendar)

Registration / Roll Number _____ Branch : _____ Batch : _____ Semester **:** _____

Name of the student (in English) _____ (in Hindi)_____

Father's Name : _____ Mother's Name_____

Parent's Address_____

Telephone No._____ E-mail_____ Current CGPA_____

Photo

Date of Registration:_____ **(with / with out Late Fee)**
Details of the Courses to be registered in the current semester

Course Code	Course Title	L	T	P	C	Consents of Teacher (if applicable)	Remarks / Pre requisite
	TOTAL						

Total Number of courses Registered_____

Total Credits _____ for Audit courses
Total Credits _____ for Credit courses

Choice of NCC/NSS/NSO   :   1._____
                                          :   2. No. of hours completed

Registration in the Departments is subject to payment of all the dues mentioned below:

1. No dues from Library _____   2. No dues from Previous semester Hostel _____
3. Payment of Mess Advance:_____(To be verified from respective hostel)
4. Payment of Semester fee:

Fee details to be filled by the student			
Name of the Bank	**Demand Draft No.**	**Date**	**Amount**

(To be verified by the concerned department)   _____

Certified that all the information given above are correct and true to the best of my knowledge and belief and nothing has been concealed therein. If any wrong information is found on my part, I shall be liable to face the disciplinary action.

(Signature of Student)

Recommended/Not Recommended for Registration (Please Tick)

(Signature of HOD)

Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY

Registration Form (M.Tech.) FULL-TIME

(Students are advised to retain a Photostat copy of this registration form and deposit the same, duly filled and signed, in the office of HOD on or before the date of registration as specified in the Academic Calendar)

Registration / Roll Number _____ Branch :   Batch: Semester:

Name of the student (in English) _____ (in Hindi)_____

Father's Name : _____ Mother's Name_____

Parent's Address_____

Telephone No._____E-mail_____ Current CGPA_____

Photo

Date of Registration:_____ **(with / with out Late Fee)**
Details of the Courses to be registered in the current semester

Course Code	Course Title	L	T	P	C	Consents of Teacher (if applicable)	Remarks / Pre requisite
	TOTAL						

Total Number of courses Registered_____   Total Credits _____ for Audit courses

Total Credits _____ for Credit courses

Choice of NCC/NSS/NSO   :   1._____

:   2. No. of hours completed

Registration in the Departments is subject to payment of all the dues mentioned below:

1. No dues from Library _____   2. No dues from Previous semester Hostel _____
3. Payment of Mess Advance:_____(To be verified from respective hostel)
4. Payment of Semester fee:

Fee details to be filled by the student			
Name of the Bank	**Demand Draft No.**	**Date**	**Amount**

(To be verified by the concerned department)   _____

Certified that all the information given above are correct and true to the best of my knowledge and belief and nothing has been concealed therein. If any wrong information is found on my part, I shall be liable to face the disciplinary action.

(Signature of Student)

Recommended/Not Recommended for Registration (Please Tick)

(Signature of HOD)

Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY

Registration Form (M.Tech.) Part-Time

(Students are advised to retain a Photostat copy of this registration form and deposit the same, duly filled and signed, in the office of HOD on or before the date of registration as specified in the Academic Calendar)

Registration / Roll Number _____Branch :   Batch: Semester:

Name of the student (in English) _____(in Hindi)_____

Father's Name : _____Mother's Name_____

Parent's Address_____

Telephone No._____E-mail_____ Current CGPA_____

Photo

Date of Registration:_____ (with / with out Late Fee)

Details of the Courses to be registered in the current semester

Course Code	Course Title	L	T	P	C	Consents of Teacher (if applicable)	Remarks / Pre requisite

Total Number of courses Registered_____

Total Credits _____ for Audit courses
Total Credits _____ for Credit courses

Choice of NCC/NSS/NSO   :   1._____
                                             :   2. No. of hours completed

Registration in the Departments is subject to payment of all the dues mentioned below:

1. No dues from Library _____   2. No dues from Previous semester Hostel _____

3. Payment of Mess Advance:_____(To be verified from respective hostel)

4. Payment of Semester fee:

Fee details to be filled by the student			
Name of the Bank	**Demand Draft No.**	**Date**	**Amount**

To be verified by the concerned department)   _____

Certified that all the information given above are correct and true to the best of my knowledge and belief and nothing has been concealed therein. If any wrong information is found on my part, I shall be liable to face the disciplinary action.

(Signature of Student)

Recommended/Not Recommended for Registration (Please Tick)

(Signature of HOD)

Dr B R AMBEDKAR NATIONA0L INSTITUTE OF TECHNOLOGY
Registration Form (Ph.D)

(Students are advised to retain a Photostat copy of this registration form and deposit the same, duly filled and signed, in the office of HOD on or before the date of registration as specified in the Academic Calendar)

Registration / Roll Number _____Branch : _____Batch: _____Semester_____

Name of the student (in English) _____(in Hindi)_____

Father's Name : _____Mother's Name_____

Parent's Address_____

Telephone No._____E-mail_____ Current CGPA_____

Photo

Date of Registration:_____ (with / with out Late Fee)
Details of the Courses passed till date (Only for Ph. D) & courses to be registered in the current semester

Course Code	Course Title	L	T	P	C	Consents of Teacher (if applicable)	Remarks / Pre requisite
	TOTAL						

Title of dissertation: _____
_____

Name of Supervisor(s): _____

Summary of the dissertation work performed since last semester/registration (by the student):
(Please attach separate sheet verified by the Supervisor(s))
Details of publications in the International Journals/ National Journals/ Proceedings of International/ National Conferences since the last registration: *(The student must attach reprints/ Photostat copies of the publications)*
Comments of the Supervisor(s) about the progress of the student: _____
_____

Signature of the Supervisor(s): _____
Registration in the Departments is subject to payment of all the dues mentioned below:

1. No dues from Library _____ 2. No dues from Previous semester Hostel _____
3. Payment of Mess Advance:_____(To be verified from respective hostel)
4. Submission of Affidavit and Undertakings (Annexure-II, III, IV &V) along with Registration Performa
5. Payment of Semester fee:

Fee details to be filled by the student			
Name of the Bank	**Demand Draft No.**	**Date**	**Amount**

(To be verified by the concerned department)   _____
Certified that all the information given above are correct and true to the best of my knowledge and belief and nothing has been concealed therein. If any wrong information is found on my part, I shall be liable to face the disciplinary action.

(Signature of Student)

Recommended/Not Recommended for Registration (Please Tick)

(Signature of HOD)