### 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)

	on / Roll Number he student (in English								DI 4 -
	lame :								Photo
Parent's A	.ddress								
Telephone	e No	_E-mail			Cu	rrent CC	GPA		
Date of Re Details of t	gistration:_ the Courses to be regist	(with / w tered in the currer	vith out Late nt semester	Fee)					
Course Code	Course Title		L	Т	P	С	Consents of (if applicab		Remarks / Pre requisite
		TOTAL							
	er of courses Registered	: 1.	To To hours complete	tal Cred	its its	for for	· Audit course · Credit cours	es ses	
Registratio	on in the Departments	is subject to paym	ent of all the	dues	<u>nentio</u>	ned belo	<u>w:</u>		
3. Payment	from Library of Mess Advance: of Semester fee:		(To	be veri	fied fro	om respec	semester Ho etive hostel)	ostel	
Name of t	he Bank	Fee deta	ails to be fil Demand				ate		Amount
Certified that	ified by the concerned	n above are correct						und nothing h	as been concealed
	ny wrong information is fo				aiscipli	nary action	n.	(Signature	e of Student)

(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	on / Roll Number		B	ranch	:	E	Batch:	Seme	ster:		
Name of t	he student (in English)				(	in Hind	i)			Photo	
Father's N	Name :	Motl	ner's l	Name_						1 11010	
Parent's A	Address										
Telephone	e No	_E-mail				C	urrent CGPA				
Date of Re	egistration:	(with /	with	out La	te Fee	)					
Details of	the Courses to be regist	ered in the curr	ent se	mestei	r						
Course Code	Course Title		L	Т	P	С	Consents of T (if applicable)		Remarks / Pre requis		
		TOTAL									
T ( 1) 1					F . 1 G	1	6 4 1	•.			
	er of courses Registered			,	Total Cr	edits	for Aud for Cred	it courses lit course	S S		
Choice of N	ICC/NSS/NSO	: 1 : 2. No. o	of hour	s comp	leted						
Registration	on in the Departments i	s subject to pay	ment (	of all t	he due	s mentio	oned below:				
1. No dues 3. Payment	from Libraryt of Mess Advance:								stel	<del> </del>	
	t of Semester fee:			`				1105(C1)			
Name of t	the Bank	Fee de				by the s ft No.	student Date		Α	mount	
(To be ver	ified by the concerned	department)									
	at all the information give ny wrong information is for							belief an	d nothing ha	s been concealed	
Recomme	nded/Not Recommende	d for Registratio	on (Ple	ease T	ick)				(Signature	Amount	
		S	`								
(Signature	e 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)

_	on / Roll Number									
	he student (in English									Photo
Father's Name :Mothe									1	
Parent's A	Address									
Telephone	e No	E-mail				Cı	ırrent CGPA			
Date of Re	egistration:	(with / v	vith ou	ıt La	te Fee)					
Details of	the Courses to be regis	stered in the curre	nt sem	ester	•					
Course Code	Course Title		L	T	P	С	Consents of T (if applicable)		Remarks / Pre requisi	te
Total Numb	or of courses Desistand				Fotal Cr	adita	for Aud	it aggregat		
	er of courses Registered_ NCC/NSS/NSO	. 1		7	Total Cr	edits	for Aud for Cred	lit courses	S	
		: 2. No. of								
Registratio	on in the Departments	is subject to paym	ent of	all t	he dues	s mentio	ned below:			
1. No dues	from Library			2	. No dı	ies from	Previous sem	ester Ho	stel	
3. Payment	t of Mess Advance:			(T	o be ve	rified fro	om respective	hostel)		
4. Payment	t of Semester fee:									
N		Fee det								
Name of	tne Bank		De	man	d Draf	t No.	Date		A	mount
To be veri	fied by the concerned	department)			-					
	at all the information given matter in the art of the a							belief an	d nothing has	been concealed
Recomme	nded/Not Recommend	ed for Registration	ı (Plea	se Ti	ick)				(Signature o	of Student)
(Signature	e 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		Branc	ster	_					
Name of the student (in English)				Photo					
Father's 1	Name :	Moth	er's Nam	e					111000
Parent's A	Address								
Telephon	ne No	E-mail			Cı	ırrent CGF	A		
		(with / vitll date (Only for Ph				tered in the	e current s	semester	
Course Code	Course Title	]	, Т	P	С	Consents of (if applicable		Remarks / Pre requisite	<b>,</b>
		TOTAL							
Details of plast registr Comments	publications in the Interation: <i>(The student m</i> s of the Supervisor(s)	rk performed since las (Please attach sepernational Journals/ Na ust attach reprints/ Ph about the progress of	parate she ational Jou otostat co the studer	eet verii irnals/ I pies of nt:	fied by the Proceeding the publications of the S	Supervisor( gs of Internations)  supervisor(s	(s)) Itional/ Nat		
<ul><li>3. Paymen</li><li>4. Submis</li></ul>	s from Library at of Mess Advance:_ sion of Affidavit and U nt of Semester fee:		(To be ve	rified f	rom respe	er Hostel ctive hostel egistration I			
Name of	the Bank	Fee det			l by the s aft No.	tudent Da	to I	Λn	
Hame Of	uie Dalik		Dellie	iiiu Di	uit 140.	Da		All	ount
							l l		ount

(Signature of HOD)