



# Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY

G T Road Bye Pass, Jalandhar-144011(Punjab) India

## Registration form for Summer Contact Course

(Submit the dully filled performa in the Academic Section before last date)

Name \_\_\_\_\_

Roll No. \_\_\_\_\_

Branch \_\_\_\_\_

Semester \_\_\_\_\_

Mobile No \_\_\_\_\_

Details of courses proposed for registration

Month \_\_\_\_\_ Year \_\_\_\_\_

S.No	Course Code	Course Title	Sem.	Signature of Course Coordinator	Signature of Academic Counselor

Total Number of courses registered \_\_\_\_\_

Total Credits \_\_\_\_\_

I hereby declare that I am “fail” in the above mentioned course in regular end semester examination.

\_\_\_\_\_

Signature of students

Date \_\_\_\_\_

Signature of the HOD of the offered course

## Fee Receipt

**Registration Dues Clearance**  
(Registration Fee @ Rs. 1500/- per course has to be deposited)

Institute Dues	
Amount _____	
RT No _____	Date _____
Signature of Account Section	

Academic Section/Batch Incharge