

Application for the Student’s Renewal of Registration for the Academic Year – 20.....(.....Semester)

1. Student’s Full Name:-.....
2. Admission No:-.....
3. Course of Study:- HNDA (FT/PT) / HNDE(FT/PT) / HNDIT / HNDPM
4. Male/Female:-.....
5. The Year for which the renewal is sought:-.....
6. For which Semester is the renewal is sought:-..... Contact No:-.....
7. Completed Semester/s

Year I -1 st Semester	<input type="checkbox"/>	2 nd Semester	<input type="checkbox"/>
Year II -1 st Semester	<input type="checkbox"/>	2 nd Semester	<input type="checkbox"/>
Year III -1 st Semester	<input type="checkbox"/>	2 nd Semester	<input type="checkbox"/>
Year IV -1 st Semester	<input type="checkbox"/>	2 nd Semester	<input type="checkbox"/>

8. Course fee payments for the academic year 20.....

(Only for part time course)

Date:.....

Receipt No:.....

I hereby certify that the above information is true and correct. I request to register for year of thecourse

Date:.....

.....

Signature of the student

Recommendation of the Librarian

All books in the library are returned/not returned

.....

Signature of the Librarian

Recommendation of the H.O.D.

According to the above information, I recommend/not recommend her/him as eligible/not eligible to register for.....year of.....course

Date:-.....

.....

Signature of the H.O.D.

Official Use only

According to the above information, he/she has paid / not paid the course fees for year

Date:-.....

.....

Signature of the Management Asst.

Approval of the Assistant Registrar approve / not approve for registration.

Date:.....

.....

Signature of the Asst. Registrar