Part 1

UG COURSE REGISTRATION FORM

(For Part 2, See reverse)

NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

1. Name in Block letters:

2. Birth category (tick)

OP	SC	ST	OBC	PwD

3. Gender (tick)

M	F	Trans

4. Regn. No

5. Programme

B.Tech.

6. Last attended Semester

_____ Sem

7. To register for (tick)

Odd	Even	Summer

8. Session

20_____- _____

9. **F/ W** graded subjects not cleared so far, if any

Sl	Sem	Subject name	Subject code	Pre-requisite (subject code), if any	Credit	Grade obtained	
1						F	W
2						F	W
3						F	W
4						F	W
5						F	W
6						F	W
7						F	W

10. Regular subjects of current semester to be registered as per curriculum

Sl	Sem	Subject name	Subject code	Pre-requisite (subject code), if any	Credit	Core/ Elective
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

11. **F/W** graded course to be registered (from col. 9) for backlog subjects

Sl	Sem	Subject name	Subject code	Pre-requisite (subject code), if any	Credit	Core/ Elective	Regular/ Compartmental@
1							
2							
3							

@ An '**F**' graded course can be registered as Regular/ Compartmental, but a '**W**' graded course must be registered as Regular course.

12. Total Credit (col. 10+ col. 11)

13. Signature of the student

14. Date

FOR FACULTY ADVISOR ONLY

15. Course Registration permitted for

Credits

16. Signature of Faculty Advisor

17. Date

Please turn over

PAYMENT DETAILS

Part 2

18. Tuition fee waived for (please tick the appropriate one and submit necessary documents(s) for the claim)

- ☐ Income less than 1 lakh per annum
- ☐ Income more than 1 lakh but less than 5 lakhs per annum
- ☐ SC/ST/PwD

19. Registration fee paid

Rs.	Recipt No.	Date:

20. Fee for F/W graded subjects

Rs.

21. Fine

Rs.

22. Any other fee

Rs.

23. Total fee paid

Rs.

CLEARANCE

24. From Hostel

25. From Library

26. Other, if any

PRESENT ADDRESS

Home

Father's/ Guardian's Name: _____

_____

Correspondence Address:_____

_____

_____

PIN:_____ State:_____

Mobile No. _____

Email:_____

Hostel

Hostel No._____ Room No.:_____

Mobile No.:_____

_____

Email:_____

_____

Note: Provide all the mobile contact numbers of yours. In case you have no mobile number, then provide mobile number of roommate/class representative.

All particulars stated above in this Registration Form are true. If any information given by me is found to be false at any stage, I shall be liable to any action that the NIT Silchar authority may deem fit and proper.

Date: _____ **Full Signature of the student**

Note: Students may retain a xerox copy before final submission to Academic Section.

FOR OFFICE USE ONLY

Received, verified and found in order. Registered and listed in the appropriate Roll sheet. Dealing Asstt.	Remarks, if any, by A.R. (Acd)