

## COURSE WORK REGISTRATION FORM

Academic Year: 20\_\_ - 20\_\_, Semester I / II



Date :

Form No.P1/ /2021-'22

### I.DETAILS OF THE SCHOLAR

1. Name of the Scholar :
2. Registration No :
3. Address of the scholar with E-mail ID :  
and Mobile Number
4. College in which the scholar is doing research :
5. Name of the Supervisor & Office Address :
6. Category of registration : Full-Time/Part-Time

### II. COURSE WORK REGISTERED IN THE CURRENT SEMESTER

Sl.No	Course Code	Course Title	No. of Credits	Core / Elective/ Special Elective	Signature, Name, Designation and Address of the Course Instructor

Signature of the Scholar

Signature of the Head of the Department

Signature of the Principal

College Office :

Submitted to:

Dean - Research