Indian Institute of Technology Guwahati

ACADEMIC SECTION'S COPY

COURSE REGISTRATION FORM FOR

JAPANESE LANGUAGE COURSE

Session: January May 2017

GROUP B → **6:15 pm - 7:45 pm (Tuesday & Friday)**

last name/first name/middle name (in capital letters only)

Name:

Program: **Dept/Centre:** **Semester:**

Roll No.

Hostel	
Name	Room No.

IITG Email:	
Other Email:	
Phone No:	

Attach Proof of Payment
Please submit the Academic Section/SAB copy of the Fee Challan Form.

Signature of the student
Date:

Signature of the Course Instructor (with date)
Name:

Signature of DoAA/ADoAA (with date)

Indian Institute of Technology Guwahati

COURSE INSTRUCTOR'S COPY

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Signature of the student
Date:

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Name:

Signature of DoAA/ADoAA (with date)

Indian Institute of Technology Guwahati

STUDENT'S COPY

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