

Indian Institute of Technology Guwahati

ACADEMIC SECTION'S COPY

COURSE REGISTRATION FORM FOR

Session: January May 2017

GROUP A \rightarrow 6:15 pm - 7:45 pm (Monday & Thursday)

_			last	nam	e/firs	st nai	me/m	niddle	e nar	ne (i	n cap	bital I	etter	s onl	y)			
Name:																		

Program:

Dept/Centre:

Semester:

Roll No.	Но	ostel	IITG Email:	
	Name	Room No.	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 COURSE REGISTRATION FORM FOR

JAPANESE LANGUAGE COURSE

Session: January May 2017

GROUP A \rightarrow 6:15 pm - 7:45 pm (Monday & Thursday)

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

Program:

Dept/Centre:

Semester:

Roll No.		Hostel	IITG Email:
	Name	Room No.	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

STUDENT'S COPY

COURSE REGISTRATION FORM FOR

Session: January May 2017

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			last	nam	ne/firs	st nai	me/n	niddle	e nar	ne (i	n cap	bital I	etter	s onl	y)			
Name:																		

Program:

Dept/Centre:

Semester:

Roll No.		Hostel	IITG Email:
	Name	Room No.	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)