



Indian Institute of Technology Guwahati

ACADEMIC SECTION 'S COPY

COURSE REGISTRATION FORM

Session: July November 2014

PROGRAM •

• Semester -

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

Name:

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Roll No.

Hostel	
Name	Room No.

IITG Email:	
Other Email:	

Present home address for communication (If not the same as in the last registration)	
Phone:	
Fax:	
Email:	

Address of the local guardian (If not the same as in the last registration)	
Phone:	
Fax:	
Email:	

Sl. No.	Course No.	Course Name	L- T - P	Credit	#Exam Date/Time
Total Credits :					

Signature of the student
Date:

Signature of the Faculty Advisor (with date)
Name:

Signature of DoAA/ADoAA (with date)

please write Mid Semester Examination Date/Time.



Indian Institute of Technology Guwahati

STUDENT 'S COPY

COURSE REGISTRATION FORM

Session: July November 2014

PROGRAM •

• Semester -

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

Name:

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Roll No.

Hostel	
Name	Room No.

IITG Email:	
Other Email:	

Present home address for communication (If not the same as in the last registration)	
Phone:	
Fax:	
Email:	

Address of the local guardian (If not the same as in the last registration)	
Phone:	
Fax:	
Email:	

Sl. No.	Course No.	Course Name	L- T - P	Credit	#Exam Date/Time
Total Credits					

Signature of the student
Date:

Signature of the Faculty Advisor (with date)
Name:

Signature of DoAA/ADoAA (with date)



Indian Institute of Technology Guwahati

FACULTY ADVISOR 'S COPY

COURSE REGISTRATION FORM
Session: July November 2014

PROGRAM •
 • Semester -

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

Name:

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Roll No.

Hostel	
Name	Room No.

IITG Email:	
Other Email:	

Present home address for communication (If not the same as in the last registration)	
Phone:	
Fax:	
Email:	

Address of the local guardian (If not the same as in the last registration)	
Phone:	
Fax:	
Email:	

Sl. No.	Course No.	Course Name	L- T - P	Credit	#Exam Date/Time
Total Credits					

Signature of the student
Date:

Signature of the Faculty Advisor (with date)
Name:

Signature of DoAA/ADoAA (with date)

please write Mid Semester Examination Date/Time.