

Indian Institute of Technology Guwahati

ACADEMIC SECTION 'S COPY

COURSE REGISTRATION FORM

Session: July November 2014

PROGRAM •

Semester -

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Signatur	e of the studen	t		Signature of	the Faculty	Advisor (wi	th date)					

Signature of DoAA/ADoAA (with date)



Indian Institute of Technology Guwahati

STUDENT 'S COPY

COURSE REGISTRATION FORM

Session: July November 2014

PROGRAM •

Semester -

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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: **IITG Email:** Hostel Roll No. Room No. Name **Other Email:** Present home address for communication Address of the local guardian (If not the same as in the last registration) (If not the same as in the last registration) Phone: Phone: Fax: Fax: Email: Email: SI. No. Course No. Course Name L- T - P Credit #Exam Date/Time **Total Credits** Signature of the student Signature of the Faculty Advisor (with date) Date: Name:

Signature of DoAA/ADoAA (with date)