



ACADEMIC SECTION'S COPY

For Backloggers

COURSE REGISTRATION FORM
Session: ODD / EVEN / SUMMER

PROGRAM •
• Semester -

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

Name: [Grid for name entry]

Roll Number	Hostel		IITG Email:	
	Name	Room No.		
Recent CPI:			Mobile Phone No.	
(attach latest transcript)				

Present home address for communication
(If not the same as in the last registration)

Phone:

Email:

Address of the local guardian
(If not the same as in the last registration)

Phone:

Email:

Sl. No.	Course No.	Course Title	Credits	Lastly done when: Mention AY and Semester/ Term	#Exam Date/Time
Total Credits =					

Signature of the student
Date:

Signature of the Faculty Advisor (with date)
Name:
IITG Email ID

Checked and put up for approval

Signature of dealing staff of Academic Affairs Section with date

Signature of ADoAA (in case of UG) / DoAA (in case of PG) with date

Course registration detail as above is entered in the database on _____.

Signature of Data Entry Person with date



COURSE REGISTRATION FORM

Session: ODD / EVEN / SUMMER

PROGRAM •

• **Semester -**

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

Name: [Grid for name entry]

Roll Number
Recent CPI:
(attach latest transcript)

Hostel
Name Room No.

IITG Email:
Other Email:
Mobile Phone No.

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

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

Table with 6 columns: Sl. No., Course No., Course Title, Credits, Lastly done when: Mention AY and Semester/ Term, #Exam Date/Time. Includes a Total Credits = row.

Signature of the student
Date:

Signature of the Faculty Advisor (with date)
Name:
IITG Email ID

Checked and put up for approval

Signature of dealing staff of Academic Affairs Section with date

Signature of ADoAA (in case of UG) / DoAA (in case of PG) with date

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Indian Institute of Technology Guwahati
FACULTY ADVISOR/DEPARTMENT'S COPY

For Backloggers

COURSE REGISTRATION FORM
Session: ODD / EVEN / SUMMER

PROGRAM •
 • **Semester -**

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

Name:

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Roll Number	Hostel		IITG Email:
	Name	Room No.	Other Email:
Recent CPI:			Mobile Phone No.

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

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

Sl. No.	Course No.	Course Title	Credits	Lastly done when: Mention AY and Semester/ Term	#Exam Date/Time
Total Credits =					

Signature of the student
Date:

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