Alagappa Chettiar Government College of Engineering & Technology

(Autonomous Institution Affiliated to Anna University)

KARAIKUDI-630 003.

COURSE REGISTRATION APPLICATION FORM –UG/PG CBCS ACADEMIC YEAR 20 - 20

Name of the Student		Registration No							Roll No
Department	**Name of the Programme**	**Semester**	**Month &Year**						**Regulation**

1. Date of Birth :

2. Sex : Male / Female

3.(a) Residential Address

_____

_____

_____

_____

Pin Code_____ Mobile_____

(b) Address for Communication

_____

_____

_____

_____

Pin Code_____Mobile_____

4. Registration of Courses:

Sl.No.	Course Code	Course Title	*C/P/OE	Credits	Course Faculty	Regular/Redo

Total No. of Subjects Registered:

Signature of the Student

*** Core/Professional/ Open Elective**

Signature of the Faculty Advisor

Signature of the HoD with seal