CENTRAL UNIVERSITY OF HARYANA

REGISTRATION FORM FOR STUDENTS IN COURSES

Note to Head/In-charge of Department: Madam/Sir, please ensure that following entries are complete; no column should be left blank.

1. Name of Student : _____

2. Father's Name : _____

3. Roll No. : _____

4. Department : _____

5. Name of Programme : _____

6. Duration of Programme : _____

7. Semester : _____

8. Total No. of Credits Registered for the Semester : _____

9. Migration submitted or not : _____

10. Result of Previous/Qualifying Exam/Semester : _____

11. Zero Semester, if any : _____

12. Whether Medical Insurance Fee of Rs. 192 deposited   Yes_____ No_____

    (If Yes, attach Xerox copy of Medical Insurance Fee of Rs. 192 with this form)

13. Details of the Courses in which I wish to get registered are given below:

Sr. No.	Name of the Course	Course Code	Whether Core or Elective	Credits	Name of Department, from which course is taken
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Dated: **Student's Signature:**

Signature of Student Adviser: **Signature of Head/In-charge of the Department**