

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR
MAHATMA GANDHI AVENUE, DURGAPUR-713209, INDIA

INSTITUTE SEMESTER REGISTRATION FORM

_____ Semester _____ Programme, 20_____ 20_____

1. Date of Registration: _____
2. Name of the Student: _____
3. Registration No. : _____
4. Roll No.: _____
5. Department/ Branch: _____
6. Whether paid Institute Fees: Amount: Rs. _____ Date: _____
 Mode of payment details: _____
 (Attach self-attested copy of payment receipt)
7. Courses of study (including sessional courses):

| Sl. No. | Course Code | Name of the subject(s) |
|---------|-------------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

8. Progress made by the candidate so far (to be filled by the supervisor):

Date:

Signature of the Student

Forwarded by

Signature of Supervisor

Signature of the Chairperson, DSC

Dean (Academic)