Form No: A17

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD**

**OFFICE OF THE DEAN (ACADEMIC)**

**FORM FOR OFFLINE REGISTRATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Session** | |  | | **Semester** | | Monsoon | |  | Winter | |  | | Summer |  |
| 1. | Name of Student |  | | | | | | | | | | | | |
| 2. | Admission No. |  | | | | Department | | | |  | | | | |
| 3. | Program |  | | | | Branch (if any) | | | |  | | | | |
| 4. | Institute Email ID |  | | | | | | | | | | | | |
| 5. | Contact Number |  | | | | | | | | | | | | |
| 6. | Details of Late Registration Fee Deposited ***(If applicable)***- <https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=272342>  (Select payment category: OTHER ACADEMIC FEES / FINES) | | | | | | | | | | | | | |
| SBI Collect Reference No. / UTR No | | | |  | | | | | | | | | |
| Amount Paid (in Rs.) | |  | | | | Date of Payment | | | | | DD/MM/YYYY | | |

7. COURSE(S) TO BE REGISTERED:

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| --- | --- | --- | --- | --- |
| Sl. No. | Course Code | Credits | Title of the Course | Compulsory / Elective |
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I am requesting you to kindly complete my academic registration by adding the courses listed above cited and allow me to pursue my academic program. If it transpires at a later stage that the courses listed in the registration contravenes the academic load or pre-requisite conditions as appropriate, or if there is a time-table clash, my registration will be changed automatically by dropping the respective course(s) without my consent. I declare that I will not claim for any attendance waiver in the added course(s) on account of late registration.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| **Verification:**  The student satisfies;   * the academic load requirement **YES / NO**        * the pre-requisite requirement **YES / NO**       **Observations, if any:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Dealing Assistant | Permission for **ADDING** courses listed in the form is:  **Granted / Not Granted**    **Remarks, if any:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Assoc. Dean (UG/PG) |

**Approved by**

Dean (Academic)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_