**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.sbi/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:

| Sl. No. | Course Code | Credits | Title of the Course | Compulsory / Elective |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |

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: _____

| **Verification:** | Permission for **ADDING/DROPPING** courses as detailed |
|---|---|
| The student satisfies; | above is: **Recommended / Not Recommended** |

**Verification:**

The student satisfies;

➤ the academic load requirement **YES** ☐ **/ NO** ☐
➤ the pre-requisite requirement **YES** ☐ **/ NO** ☐

**Observations, if any:**

_____

_____

Date:_____

_____
Dealing Assistant

---

Permission for **ADDING/DROPPING** courses as detailed above is: **Recommended / Not Recommended**

**Remarks, if any:**

_____

_____

---

**Remarks:**
**May / May not be recommended**

_____
AR(PG)/ AR (UG)

Date: _____

_____
Assoc. Dean (UG/PG)

---

## Approved / Not Approved

Dean (Academic)

Date: _____