

INDIAN INSTITUTE OF TECHOLOGY (INDIAN SCHOOL OF MINES) DHANBAD OFFICE OF THE DEAN (ACADEMIC)

FORM FOR ADDING/DROPPING OF COURSE(S) DUE TO TIME TABLE CLASH

Acad	lemic Session:		2020-2021	Semester:	MONSOON	
Name:			Admission No	.:	Program:	
	ck letter)					
Depart	ment:			Branch:		
E-mail ID:			Contact	: No		
		(Please write ci	learly)			
PRE-RI	GISTERED COU	RSE(S):				
SI.	Course Code	Credits	Title of th	e Course		Compulsory/
No.						Elective
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
COURS	SE(S) TO ADD:					
SI.	Course Code	Credits	Title of th	e Course		Compulsory/
No.						Elective
1.						
2.						
3.						
COURS	E(S) TO DROP:					
SI.	Course Code	Credits	Title of th	e Course		Compulsory/ Elective
No. 1.						Elective
2.						
3.						
ore-red droppi	quisite conditior	ns as appropriat e course(s) with	later stage that the above chan se, or if there is a time-table cla sout my consent. I declare that I on.	sh, my registrati	on will be changed	automatically b
Date:						
					(Signatu	re of student

FOR OFFICE USE ONLY					
Verification:	Permission for ADDING/DROPPING courses as detailed				
The student satisfies;	above is: Granted / Not Granted				
➤ the academic load requirement YES	Remarks, if any:				
Date: Signature of Dealing Assistant	Date: Signature of Assoc. Dean (UG/PG)				



INDIAN INSTITUTE OF TECHOLOGY (INDIAN SCHOOL OF MINES) DHANBAD OFFICE OF THE DEAN (ACADEMIC)

FORM FOR ADDING 6th BACKLOG COURSE

Academic Session:			2020-2021	Semester:	MONSOON	
Name:			Admission No.		Program:	
	ck letter)					
Depart	ment:			Branch:		
E-mail	ID:		Contact ite clearly)	No		
		(Please wri	ite clearly)			
	GISTERED COU				Ţ	
SI. No.	Course Code	Credits	Title of the	Course		Compulsory/ Elective
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						_
COLIDO	SE(C) TO ADD:					
SI.	E(S) TO ADD: Course Code	Credits	Title of the	Course		Compulsory/
No.		G. Cu.ts	Title or the			Elective
4.						
pre-red droppi	quisite condition	ns as approp e course(s) v	t a later stage that the above chang riate, or if there is a time-table clas vithout my consent. I declare that I v ration.	h, my registratio	on will be changed	automatically by
Date:_						
					(Signatu	re of student)
						contd/-

FOR OFFICE USE ONLY

Verification:	Permission for ADDING/DROPPING courses as detailed		
The student satisfies;	above is: Granted / Not Granted		
 the academic load requirement YES/ NO the pre-requisite requirement YES/ NO Remarks, if any: 	Remarks, if any:		
Date:	Date:		
Signature of Dealing Assistant	Signature of Assoc. Dean (UG/PG)		