INDIAN INSTITUTE OF TECHNOLOGY PATNA
ACADEMIC REGISTRATION FORM

1. Name in Full: (in Block Letters)

2. Roll Number:

3. Registration for the Semester & Academic Year: Autumn/ Spring 20___ – 20_____

4. Programme:

5. Discipline:

6. Hostel Name: Boys' / Girls' Hostel

7. Room Number:

8. Father/ Guardian's Name and Contact Information:

Name:

Address:

Mobile Phone No.:
Student Mobile Phone No .:

9. Name and Contact Address of Local Guardian at Patna or nearby, if any:

Name:

Address:

Mobile Phone:

10.

Sl. No.	Course No.	Course Title	L-T-P-C	Registered as (Credit / Audit)
1				
2				
3				
4				
5				
6				
7				
		Total Credits =		

Permitted to register:

Signature (with Date) of the Faculty Advisor

Signature of the Student

Date: