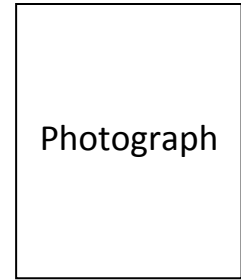


Gian Jyoti GROUP OF INSTITUTIONS
SHAMBUKALAN, BANUR

Semester Registration Form

Session:

Name: Father's Name:
 Course: Branch:
 Roll No: Batch:
 Semester: Email id:



Address:

Student's Contact No: Guardian's Contact No:

Subject name/Subject Code:

1 2 3
 4 5 6
 7 8 9

Semester	Result	Semester	Result
1 st		2 nd	
3 rd		4 th	
5 th		6 th	
7 th		8 th	

I hereby declare that the statements and information in this application form are true and correct to the best of my knowledge.

Date:

(Signature of Student)

(For Official Use Only)

College Fees deposited:
 Transport Fees deposited:
 Hostel Fees Deposited:

(Sign of Accountant with Seal)

(Recommended/Not Recommended)
 (Sign of HOD with Date and Seal)

(Note: - Student will submit this form to respective HOD only after signature of accountant with seal. The student will be eligible for attendance only after submission of semester Registration Form.)