



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India
Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

SEMESTER REGISTRATION FORM
(For Continuing PhD Student)

DEPARTMENT:	
SEMESTER:	
ROLL NO:	

Course details (if any):

Course Code	Name of the Course/Title	Credit

STUDENT INFORMATION:

1. Name of the Student (BLOCK LETTER):

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2. Name & Designation of Supervisor (BLOCK LETTER):

.....

3. Father's / Mother's Name: (BLOCK LETTER):

.....

4. Gender:(Male/Female) 5. Category: (ST/SC/OBC/OPEN) 6. Religion.....

7. Month & Year of Admission at CIT Kokrajhar:

8. Correspondence Address:

.....
.....

9. State of Domicile:10. Nationality:

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(Signature of Student)

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT/ SUPERVISOR

The above mentioned Student has satisfied the academic requirement for enrollment in the next semester

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(Signature of Supervisor)

Date: _____

(Signature of Head of Department)

Date: _____

NB: Duly filled up forms (complete in all aspects) should be submitted to the Office of the Registrar, CIT Kokrajhar along-with a copy of the semester fee payment receipt.