SEMESTER REGISTRATION FORM

(For Continuing PhD Student)

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| DEPARTMENT: |  |
| SEMESTER: |  |
| ROLL NO: |  |

Course details (if any):

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| --- | --- | --- |
| Course Code | Name of the Course/Title | Credit |
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STUDENT INFORMATION:

1. **Name of the Student** (BLOCK LETTER): …………………………………………………………………………………………………………………………………………………………
2. **Name & Designation of Supervisor** (BLOCK LETTER):

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1. Father’s / Mother’s Name: (BLOCK LETTER):

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |