



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):

.....

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:

(Signature of Student)

RECOMMENDATION OF THE SUPERVISOR / HEAD OF THE DEPARTMENT

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

(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.