CENTRAL UNIVERSITY OF HARYANA

REGISTRATION FORM

1. Student Name : --

2. Roll No. : ------------------------- 3. Department :--

4. Name of Programme: ------------------------------------- 5. Duration of Programme (Years): ------------

6. Semester: ---------------------------------- 7. Father's Name : --

8. Date of Birth (DD/MM/YY):------------------------- 9. Aadhar No. :----------------------------------

10. Email Id: -- 11. Mobile No. :----------------------------------

12. Result of Previous/Qualifying Exam/Semester : ☐ Pass ☐ Fail (In case of Re-appear write

    detail of subjects in the table given on the next page)

13. Zero Semester, if any : ---

14. Details of the Courses in which I have opted to register for the semester :

Sr. No.	Course Code	Name of the Course	Whether Core or Elective	Credits	Name of Department, from which course is taken
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

It is certified that the courses chosen above are my final choice and I will be writing the Term End Examination in said course/s subjected to other eligibility criteria and I also understand that the no change/s in course/s will be entertained under any circumstances.

Sign. of Student:　　　　　　　**Sign. of Student Adviser:**　　　　　　　**Signature of HOD/TIC**

List of Re-appear Subject/s

Sr. No.	Course Code	Course Title	Exam Last Appeared (MM/YYYY)
1			
2			
3			
4			