

# COLLEGE OF ENGINEERING TRIVANDRUM

## SEMESTER REGISTRATION FORM (FOR PG PROGRAMMES)

Session Commencing on.....

Semester, Branch & Stream.....

1.	Name of Student, Phone No & email ID			
2.	Program (M.Tech/M.Arch/M.Plan/MCA)			
3.	Institution Admission No & Year of admission			
4.	KTU registration number			
5.	Semester to which registration is sought			
6.	Are you a GATE Scholar? If Yes, give ACITE No.			
7.	Are you availing any other scholarships? If yes, give details.			
8.	Details of arrear courses S1 (for registration to S3) S1&S2 (for registration to S4).	Remarks from Staff Advisor		
9.	Period of discontinuation if any and reason thereof.			
10.	Details of shortage of attendance pertaining to any of the previous semesters			
11.	Present Address for communication			
12.	Address, Phone No & email ID of Parent/Guardian			
13.	Institutional and Departmental Dues clearance			
	Department Library		Central Library	
	Department Labs		Hostel	
	College Office		Others	

14.	Details of the courses chosen for current semester:			
Slot	Course Code	Course Name	Credits	Core/Elective
Total Credits				

**Declaration**

I declare that the particulars furnished are true to the best of my knowledge

Dated Signature of Student

**Recommendation**

The particulars given above are verified and found correct, and the student has satisfied the eligibility conditions for the promotion to.....Semester. Promotion is recommended and prescribed fee may be collected.

Dated Signature with name  
& designation of Staff Advisor

Dated Signature of HOD

DEPARTMENT SEAL

**For Office Use only**

Fees Remitted, Signature of Head Accountant:

Admitted to ..... Semester with effect from ..... With Roll No.....

Principal