

OFFICE OF ASSOCIATE DIRECTOR (A)  
CIRCULAR

3227/AD(A)/CI 03 /2024

16 Jul 2024

SEMESTER REGISTRATION: ODD SEM 2024

1. Semester Registration for academic session Jul 2024-Dec 2024 (Odd Semester) for higher semester will be done on 22 Jul 2024. Hence all students need to report to their respective departments for higher semester.
2. The student will verify and collect the payment receipt from the finance counter. The filled in registration form alongwith payment receipt to be submitted to the respective semester co-ordinator of the respective department. (The list of semester co-ordinator is enclosed as **(Appendix 'I')**)
3. Further, the students need to either bring Demand Draft in favour of SMIT payable at Majitar or details of transaction made through any other mode as mentioned in Notice No. **Notice/SMIT/13/2024 dated 01 Jul 2024. (copy enclosed as Appendix 'II')** as a proof of payment of fee. **Students will be allowed to register only on payment of fee.**
4. Students who do not have any subject to rejoin should fill registration **Form 'A'** or any **student willing to rejoin in any subject should fill registration Form 'B'** available in the institute website.
5. Any student who is not promoted to higher semester/year and got back paper in first year subjects, are required to submit the rejoining form (**Form 'B'**) to the office of Associate Director (A).
6. The semester registration forms as listed below will be made available in the respective department and student section **Room No. C-106.**
  - a. Registration Form 'A' (for regular students with no rejoining subjects)
  - b. Registration Form 'B' (for all students with rejoining subjects)
  - c. Registration slip
  - d. Receipt issued by the Finance
7. After **12 Aug 2024** late fee of 12% PA will be applicable on pro rata basis.



16/7/2024  
(Prof. (Dr.) Sangeeta Jha)  
Associate Director (A)  
Sikkim Manipal Institute of Technology  
SMIT, Majitar, Rangpo, East-Sikkim-737136

To

1. All HODs - For dissemination and information to all students & implementation of the same.
2. 1<sup>st</sup> Yr class Teacher -
3. Deputy Manager (Fin) - For necessary action please.
4. Chairperson Website - With a request to display the same in institute website

Copy to:-

1. Director - For information please.
2. Deputy Registrar (Acad)

**FORM A**



**SMIT** SIKKIM  
MANIPAL  
UNIVERSITY  
SIKKIM MANIPAL INSTITUTE OF TECHNOLOGY

**SEMESTER REGISTRATION FORM JUL 2024  
FOR REGULAR STUDENTS WITH NO REJOINING SUBJECTS**

Name:	
Reg/Adm No:	
Branch:	
Current Sem/Year:	
Contact No:	
Email ID:	
Date of Registration:	

A. Details of elective subjects (if any)		
Sl. No	Sub Code	Sub Name
1		
2		
3		
4		

B. List of all backlogs till date (if any)							
Sl. No	Sub Code	Sub Name	Reason (D/F/I)*	Sl. No	Sub Code	Sub Name	Reason (D/F/I)*
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

\* D=Detained/ I= Incomplete/ F=Failed

Signature of the student

Signature of verifying officer:      Fee paid: YES / NO

Note:

1. Use additional sheets if necessary for each student.



**Registration slip**

(Office Copy)

It is hereby certified that Mr/Ms ..... of  
.....Department bearing registration number  
..... has registered for ..... Course ..... semester.

Dated :

Signature of the verifying officer



**Registration slip**

(Student Copy)

It is hereby certified that Mr/Ms ..... of  
.....Department bearing registration number  
..... has registered for ..... Course ..... semester.

Dated :

Signature of the verifying officer



**FORM B**

**SMIT** SIKKIM  
MANIPAL  
UNIVERSITY  
SIKKIM MANIPAL INSTITUTE OF TECHNOLOGY

**SEMESTER REGISTRATION FORM JUL 2024  
FOR ALL STUDENTS WITH REJOINING SUBJECTS**

Name:	
Reg/Adm No:	
Branch:	
Current Sem/Year:	
Contact No:	
Email ID:	
Date of Registration:	

Affix one recent  
Passport size  
photograph with  
one spare copy  
attached

**A. Regular subjects/ Rejoin Subject (for Year Back Students)**

Sl. No	Sub Code	Sub Name
1		
2		
3		
4		
5		
6		
7		
8		
9		

**B. Details of elective subjects (if any)**

Sl. No	Sub Code	Sub Name
1		
2		
3		
4		

**C. Rejoined subjects**

Sl. No	Sub Code	Sub Name	Section allotted	Remarks of HOD/Course Co-ordinator/Class Teacher
1				
2				
3				
4				

**D. Dropping of regular LAB subjects to be appeared in Addl. LAB**

Sl. No	Sub Code	Sub Name
1		
2		

\* Number of Lab drops combining all semester shouldn't exceed 02 (Two).

\* Total number of subjects including rejoin theory and laboratory is 9 (Nine).

<b>D. List of all backlogs till date (if any)</b>							
<b>Sl. No</b>	<b>Sub Code</b>	<b>Sub Name</b>	<b>Reason (D/F/I)*</b>	<b>Sl. No</b>	<b>Sub Code</b>	<b>Sub Name</b>	<b>Reason (D/F/I)*</b>
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

\* D=Detained/ I= Incomplete/ F=Failed

**Signature of the student**

**Signature of verifying officer:**      **Fee paid: YES / NO**

Note:

1. Use additional sheets if necessary for each student.



**Registration slip**

(Office Copy)

It is hereby certified that Mr/Ms ..... of  
.....Department bearing registration number  
..... has registered for ..... Course ..... semester.

Dated :

Signature of the verifying officer



**Registration slip**

(Student Copy)

It is hereby certified that Mr/Ms ..... of  
.....Department bearing registration number  
..... has registered for ..... Course ..... semester.

Dated :

Signature of the verifying officer

