

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

