

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).

| D. 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

