

TKM College of Engineering, Kollam-05

SEMESTER REGISTRATION FORM

1.Admission No.	_____	Roll No.	_____	<div style="border: 1px solid black; padding: 10px; text-align: center;">Paste recent passport size photograph here</div>				
2.University Reg. No.	-----							
3.Course Name	-----							
4.Semester	-----							
5.Name of Student	_____							
6. Mobile No.	_____							
7.Present Address	----- -----							
8.Parent/Guardian Name	-----							
9.Parent/Guardian Mobile No.	-----							
10.Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
11.Category	ST	<input type="checkbox"/>	SC	<input type="checkbox"/>	OBC	<input type="checkbox"/>	General	<input type="checkbox"/>
12.email	_____							

13.Details of University Examination

- a) Total credits earned : _____
- b) Whether back papers to be cleared : _____
- c) Back papers count : _____

14. Dues to be Cleared

- a) Department : _____
- b) Department Library : _____
- c) Central Library : _____
- d) Hostel : _____
- e) Placement : _____
- f) Network Centre : _____
- g) Academic Section : _____
- h) Cashier : _____

DECLARATION BY STUDENT

I hereby declare that all the information furnished by me in this form and in the documents i have submitted are true, complete and correct. I shall abide by the rules and regulations as conveyed from time to time.

Date :

Place : Signature of the Student

DECLARATION BY Advisor

This is to Certify that the above student is eligible for the promotion to next semester

Date :

Place : Signature of the Advisor

****Before submitting the Registration form, student must clear all dues and get approval signature from their respective Advisor.**

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