Elective Course Registration - UG

Department: _____ Course Code: _____

Course Title: _____ Class Number: _____

Name of Faculty: _____

S/No	CMS ID	Name of Student	Remarks

Faculty Signatures: _____

Dept UG Coord: _____

HoD: _____

For official use only

Posted on CMS on _____ (Date)

EC Clerk (Signature)_____ DCE (Signature)_____

(To be printed on A-4)