



SMME Course Registration Proforma – MS Students

Student Name: _____ Regn No: _____
Discipline: _____ Semester: _____
Contact (Mobile): _____ Email: _____
Entry: _____

CGPA: _____

Request for Courses registration for current semester in SMME

S/No	Course Code	Course Title	Core	Elective
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I have attached my current transcript.

Date: _____2021

Student's Signature: _____

Dept PG Coord: _____

Respective HoD Signature with Date