



SMME Course Registration Proforma – PhD Students

Student Name _____ Regn No _____
Discipline _____ Semester _____
Contact (Mobile) _____ Email: _____
MS completed from (Name of Institute) _____

CGPA: _____

Request for Courses registration for current semester in SMME

S/No	Course Code	Course Title

- It is certified that I have not already studied any of the above courses during my MS.
- I have attached my MS transcript as well as my current transcript.

Date: _____

Student's Signature: _____

Supervisor: _____

GEC 1: _____

GEC 2: _____

GEC 3: _____

Dept PG Coord: _____

Respective HoD Signature with Date