

HIMALAYAN GROUP OF INSTITUTIONS

WE THINK INNOVATIVE	LUCKNOW														
	REGISTRATION FORM FOR NEW SEMESTER 2024-25														
Programme	B. Tech			EC EN					Registratiion to	Ι	II	III	IV		
and Branch	Pharmacy			Pharma		. Phar			Semester	V	VI	VII	VIII		
(Tick/Circle appropriate	Diploma Engg.			ME(P)			CE								
cells) :	ITI			ME ME(P) EE C Electrician Fitter											
	BBA														
	MBA														
	D.el.ed														
1	1 Name of Student :														
	Father's Name :														
		y/Board Roll Number :													
4	4 Local/Present Address :			II											
5	Mobile No. :														
6	E-mail :														
7	7 RESULT OF THE PREVIOUS SEMSTER														
	Sem No. of Backs(if Any)				ject no eared			dits Comulative rned Credits*		SGPA		CGPA			
	S 1														
	S2														
	S 3														
	S 4														
	S5														
	S 6														
	S 7														
	* For registration to higher semster, credit requirements as per the university/Board, regulations in force currently are to be followed. If a student fails to get the required credits before registration, he/she cannot register for the higher semster courses.														
		Total Credits													

8	Ι	Total leave of absence including any emergency/duty leave shall be limited to 25% of the total hours in each course for B. Tech, MBA & Pharmacy courses.													
	II	Permission/sanction to register for the course will not automatically guarantee any eligibility (which is governed by the university norms from time to time) to register for university examinations.													
	III	In case of late registration, the student's attendence will be counted only from the date of actual registration, but the total for the course will be from the date of commencement of classes & appropriate fine may be imposed.													
9	Declarat	tion (Read and put tick mark against each statement)													
	Ι	I declare that the particulars furnished above are true, and I shall undergo appopriate action imposed by the Government/University/College, if any of the furnished data is found false subsequently.													
	II	I have secured the minimum cumulative credits required for registering to higher semester as per the University regulations.													
	III	I have read the notes/Instructions given above, and agree to comply with the same.													
				g is crin	ne & hence	e I have fi	lled the Aı	ti Ragging online form for fulfilling my commitment against							
	IV	Raggin	g.		Ragging ence No.	Under Ta	aking								
	Place														
	Date							Signature of the Student							
	For Office Use Only														
10	Duggifa		against staff	ahall a	and all an				ipplied by v	anious sost	ion and a	m damaa ham	that		
10		• • •							section belo				e tilat		
	Labs	HOD	Reg. Office		-	Bus	Library		Hostel H1	Hostel Mess		Prev Sem Balance			
11	Recommendation Form Accounts Department - The particulars given above are verified with the student's record and found correct and no liabilities in term of previous fees are reported against the student. Registration to the above listed courses for the academic session can be proceeded by the concern deaprtment Recommended.														
		0	ature of Ac						gnature of t		the Depa	artment			
12	Details of	f Docun	nents need	to depo	osited/Con	mment of	n SKV Aj	-	ion by stude 7 SKV	nt.					
	Document	nent			Date			PPLIED	Signature of the Registrar						
13	Orders	ers nitted/Not Permitted, to register for the above listed courses in the higher semester with effect from													
	Permitted	l/Not Pe	ermitted, to	register	for the ab	ove listed	courses in	n the hig	gher semester	with effect	from				
											Sig	nature of	Director		
N	Note: This form shall be collected and maintained in the student file in the department by the class coordinator for each semester separately.											or each			
	*HOD sha	ll verify	if the total	credit re	quirement				nester is peri	nissible, as	per univer	sity/board n	orms.		