

Amrita School of Engineering
Bengaluru

REGISTRATION FORM FOR CONTACT COURSE
(Applicable for students from 2nd semester onwards)

Name

Registration No

Semester Branch.....

Details about the previous registrations

Sub Code	Subject Title	<u>1st Registration</u> (Month\Year)	<u>Result</u>	<u>2nd Registration</u> (Month\Year) (Not Compulsory)	<u>Result</u>

Date: _____

Signature of the Student

Certified that this student had registered for the above subject and he\she has not failed due to lack of attendance. The student does not have more than 2 backlog courses.

Date: _____

Name and signature of the Class Advisor

Prof. /Dr./Mr./Ms.....

Has been assigned the work of conducting interaction sessions, continuous assessment/midterm test, evaluation of the events and end semester examination answer scripts and grading,

Date: _____

Signature of Chairperson

Permitted\ Not Permitted

Academic Coordinator

[Office Copy/ Student / Class Advisor Copy/ Department Copy/ Exam Copy/AUMS Copy]