Tribhuvan University

Institute of Agriculture and Animal Science

Kirtipur, Kathmandu

Postgraduate Program

COURSE REGISTRATION FORM

Receipt No.:

Amount:

Date:

Academic year: - _____ Semester:- _____

Name of the Student: - _____ Contact No.:-_____ Roll No.:- _____

Date of admission: - _____ Category of the student: - General/In-service/Nominee/Others

Name of the Dept: - _____ Fee Structure: Regular/ Half IDF/ Full IDF

No. of credit hr offered in this semester:- _____ Date of Registration:

Enrolled in the previous semester: - Yes/No (If no, attach necessary approved for registration)

S.N.	Course Code	Course Title	Cr. Hr.	Class Schedule						Signature of course teacher	Dept.	Remarks
				Sun	Mon	Tue	Wed	Thu	Fri			

Certified that the course and research work mentioned above are in accordance with the approved plan of studies and outline of research of student and that the student was required in the preceding semester.

Student's Sign.	Course In-Charge Sign.	Deputy Fin. Controller's Sign.	PG Coordinator's Sign.	Asst. Dean (Acad) 's Sign.
Date:	Date:	Date:	Date:	Date:

(Note: This form must be filled out in quadruplets: Copies for student, Major Advisor, Division of Examination Control and PGP Office)