



**Application Form for Add/Drop Course**  
**For MS / PhD Students**  
**(To be Filled by Student)**

Student Name: \_\_\_\_\_ Regn No \_\_\_\_\_

Discipline: \_\_\_\_\_ Semester \_\_\_\_\_

Contact No: (Mobile) \_\_\_\_\_ Email \_\_\_\_\_

**DROP**

Course Code	Course Title	Course Credit	1 <sup>st</sup> Regn	Repeat
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**ADD**

Course Code	Course Title	Course Credit	1 <sup>st</sup> Regn	Repeat
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Recommendation by Dept PG/PhD Coordinator:**

Signature with Date \_\_\_\_\_

**Recommendation by DC Exam:**

Signature with Date \_\_\_\_\_

**Approved / Not Approved**

\_\_\_\_\_  
**Respective HoD Signature with Date**

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**ACKNOWLEDGEMENT RECEIPT**

CMS ID/Regn no \_\_\_\_\_ Name \_\_\_\_\_

Dept \_\_\_\_\_ Number of courses applied for \_\_\_\_\_

Name and signature of receiving Clk \_\_\_\_\_

Receiving Date/Time \_\_\_\_\_