

THE UNIVERSITY OF AZAD JAMMU AND KASHMIR

**COURSE REGISTRATION FORM**

Examination Copy (Original)  
Department Copy  
Registration Copy  
DSA

Department /Institute: \_\_\_\_\_ Faculty: \_\_\_\_\_

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Program: \_\_\_\_\_ Semester: \_\_\_\_\_ Fall/Spring/Summer/Winter (YYYY)

Session: \_\_\_\_\_ Registration No. : \_\_\_\_\_

Class Roll No. \_\_\_\_\_

Course Registration for

| Sr. No               | Course Code | Course Title | Credits |
|----------------------|-------------|--------------|---------|
| 1.                   |             |              |         |
| 2.                   |             |              |         |
| 3.                   |             |              |         |
| 4.                   |             |              |         |
| 5.                   |             |              |         |
| 6.                   |             |              |         |
| 7.                   |             |              |         |
| 8.                   |             |              |         |
| <b>Total Credits</b> |             |              |         |

*The Upper limit of credit hours for normal and optional semester(s) are 26 and 12 respectively.*

I certify that

- I have deposited the department dues Rs. \_\_\_\_\_ (Last dates: Normal fee \_\_\_\_\_: late fee \_\_\_\_\_  
\_\_\_\_\_) vide Challan No. \_\_\_\_\_, Dated \_\_\_\_\_
- I am taking \_\_\_\_\_ credit hours for this semester.

\_\_\_\_\_  
(Student)

Signatures

\_\_\_\_\_  
(Admission Committee)

\_\_\_\_\_  
Chairman