

THE UNIVERSITY OF AZAD JAMMU AND KASHMIR

COURSE REGISTRATION FORM

(For AD Semester Session 2022-24)

Passport Size
Picture with Blue
/White
Background

College: _____

Student Name: _____ Father's Name: _____

Program: _____ Semester: 1st Semester- Fall 2022

Session: _____ Registration No. : _____ (Optional)

Class Roll No. _____

Course Combination: _____

Course Registration for

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

I certify that the details provided are correct and;

- 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.

Signatures:

Student

Principal (Signature & Stamp)