

Cheeryal (V), Keesara (M), Medchal Dist., Telangana, PIN: 501301.

STUDENT COURSE REGISTRATION FORM

Section: A

I, as a student of Electronics and Communications Engineering branch of Geethanjali College of Engineering and Technology, would like to register for the following courses from the list mentioned in the syllabus book, after a detailed discussion and approval from my faculty advisor.

[illegible]

| | | | | | | | | | | | | | | | |
|----|--|--|---|---|---|---|---|---|---|---|---|---|---|----|--|
| 9 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 10 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 11 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 12 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 13 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 14 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 15 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 16 | | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 21 | |
| 17 | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | |

Note:

1. Course registration form is prepared keeping in view of the provisions made under Clause 4 of AR22 Regulations.
2. Only the default courses expected to be offered during the present semester with a total number of credits of 21 are listed in the registration form.
3. If any student wants to register for more/ less number of courses with reference to clause 4.3 of AR22 Regulations, shall have to make a separate representation seeking approval from HoD.

For students admitted under AR 22 regulations: Previous Semester course(s) wherein I have scored less than 14 marks out of 40 marks and/ or failed in courses which are under CIE such as Internship, Technical Seminar, Project Seminar, Activity Oriented (Non-Laboratory) courses such as Design Thinking, Logical reasoning I&II and English Language courses (English for effective communication, English for career development, English for professional success are mentioned below:

| S.No | Roll Number | Name of the Student | Name of the Course 1 | Name of the Course 2 | Signature of the Student |
|------|-------------|---------------------|----------------------|----------------------|--------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

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| 5 | | | | | |
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Faculty Advisor signature

Signature of Head of the Department

Signature of Dean, Academics

Note: Faculty Advisor should submit a copy of the filled-in registration form to 1) Head of the department and 2) College Academic Committee.