

MANOHARBAI PATEL COLLEGE OF AGRICULTURE

HIRATOLA, TAH - GOREGAON, DIST - GONDIA 441 801

(Affiliated by Dr. PUNJABRAO DESHMUKH AGRICULTURE UNIVERSITY, AKOLA)

Phone No. 9326455884, 07187 - 202033, 202035

Fax No. 07187 - 202034

e-mail :- mbpatelagcollege@gmail.com

REGISTRATION FORM

OFFICE COPY

SESSION : MONSOON / SUMMER ACADEMIC YEAR _____ DATE : _____

NAME OF STUDENT : _____

ENROL.NO. _____ NAME OF ADVISOR _____

DESIGNATION _____ DEPARTMENT _____

DEGREE PROGRAMME _____

Semester No :-				
Sr. No.	Course No Credit	Course Title	Sign. Of Teacher	Sign. Of Advisor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

TOTAL CREDIT

TOTAL CREDIT

Name & Signature of Students

Dated

Name & Signature of Advisor

Dated

Whether willing to avail the grace facility during this semester. The students can avail the facility of grace of 5 marks in one semester, maximum in two course during the entire degree programme. Apply for this facility after declaration of result so desire	Semester	YES/NO	Singature

Name & Signature of Students

Dated

Name & Signature of Advisor

Dated

Semester No :-				
Sr. No.	Course No Credit	Course Title	Sign. Of Teacher	Sign. Of Advisor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Result : Pass / A.P. / Detained

(Signature of Advisor)

(Signature of Students)

Instruction

1. Student's are instructed to full up the forms in triplicate and return duly completed Registration Form (One for the adviser and another for the office Use) on same day of registration.
2. Any Correction should be attested by the advisor.
3. Student's are instructed to take on copy of registration forms from advisor.

Student's Permanent Address
with Pin Code No.

Student's Correspondence Address
with Pin Code No.

(Signature of Students)