

REGISTRATION FORM FOR FOUNDATION COURSES- SPRING SEMESTER, 2019 (Dhauladhar Campus I)

DEPARTMENT / CENTRE:		PROGRAMME OF STUDY:
Roll No:	NAME OF STUDENT:	TIMING:

Note: The student has to assign Course Code and Course Title as per his/her interest.

SKILL DEVELOPMENT COURSES					
Course Code	Course Title	Teacher Name/ Registration Room No.	Class Room Allotted	Course Code and Course Title (Opted by Students)	Teacher's Remark
MCE 437	Basics of Videography	Mr. Kuldeep Singh			
EEL 414	Advanced Oral Communicative Skills in English	Dr. Khem Raj Sharma			
SKT 202	Sanskritbhashanaipunyama	Resource Person			
HIL 445	Patkatha Lekhan (Kathatmak evam Gair-Kathatmak)	Resource Person			
SWR 498	Project Formulation & Report Writing	Dr. Asutosh Pradhan			
SOC 443	Social Skills	Dr. Amit Kumar			
JCW 548	Blogging	Mr Harikrishnan B.			

Undertaking:	I hereby undertake that above information with respect to Skill Development Course is given by me as per my preference and I will not change it later.
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Signature of the Student