

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

DEPARTMENT / CENTRE:	PROGRAMME OF STUDY:
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Roll No:	NAME OF STUDENT:	TIMING:
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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
TTM 429	Security, Rescue and Disaster Management	Dr. S. Sundararaman			
EDM 406	Managing Innovation, Incubation & Creativity	Dr. Savesh Kumar			
AFA 544	Finance and Investment Skills	Dr Ashish Nag			
HRM 416	Employability Skills	Dr. Aditi Sharma			
HRM 505	Counselling Skills	Prof. Y.S. Verma			

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