

REGISTRATION FORM FOR FOUNDATION COURSES- SPRING SEMESTER, 2019 (TAB SHAHPUR)

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
CSI 449	LAB-PC Package	Mr. Ajay Kumar			
ENV 528	Nanotechnology and Environment	Dr. Dilbag Singh			
PAS 556	Science of Yoga	Prof. O.S.K.S. Sastri			
EEL 414	Advanced Oral Communicative Skills in English	Resource Person			
BOT 425	Plant Product in Health Care	Resource Person			
ZOOL 427	Basics of Wild Life Studies	Resource Person			
IAM 412	Vedic Mathematics	Resource Person			

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.

Signature of the Student