

REGISTRATION FORM FOR FOUNDATION COURSES- SPRING SEMESTER, 2020 (Dhauladhar Campus II)

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
MGT 504	Managing Innovation, Incubation & Creativity	Dr. Sarvesh Kumar			
MGT 505	Finance and Investment Skills	Dr. Ashish Nag			
MGT 506	Employability Skills	Dr. Aditi Sharma			
MGT 507	Counselling Skills	Dr. Gitanjali Upadhayay			
TTM 429	Security, Rescue and Disaster Management	Dr S Sundararaman			
ECN 445	Basis Terms and Concepts in Economics	Mr Kamal Singh			

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