

Meerut Institute of Technology, Meerut

Registration Form for Academic Session 2021-22 and Odd Semester of 2021-22

MIT

MIT (PC)

Department of Pharmacy, MIT

(Please tick the right one)

UNDERTAKING

I understand and agree to following rules and regulation which shall be observed for Odd Semester 2021-22.

1. I will start attending my scheduled classes from the first day of the Academic Calendar. I may/will be a late registration fee after the fourth day from the date of registration.
2. I understand if attendance falls below 75% in first 15 teaching days, an appropriate disciplinary action may be taken against me.
3. I am aware that the eligibility to appear in the sessional exam and end semester examination is 75% as per the ordinance of University.
4. I will follow all 'General', 'Academic', 'Ragging related', 'Discipline & Conduct' rules and regulations issued by the institute from time to time. I promise to abide by them. If I am found defaulting, Institute authorities may expel me or take any action as they consider appropriate.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

1. Roll No.: \_\_\_\_\_ Name: \_\_\_\_\_

Aadhar No. \_\_\_\_\_ Status: Regular / Repeater: Branch: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

2. Father's Name: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email Id: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email Id: \_\_\_\_\_

4. Address for correspondence \_\_\_\_\_

5. This year I have deposited Fee vide receipt No. \_\_\_\_\_ on (date) \_\_\_\_\_ amount (Rs.) \_\_\_\_\_ If allowed to deposit fee in installment; mention next due date (Duly approved by Director/Principal): \_\_\_\_\_ and balance fee (in Rs.): \_\_\_\_\_

6. Hostel (for Session 2021-22) : Yes / No : \_\_\_\_\_ 7. Bus Facility (for Session 2021-22): Yes / No : \_\_\_\_\_

Name (Class Counselor)

Signature of Class Counselor

Student Signature

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COUNTER FOIL OF REGISTRATION FORM

Name \_\_\_\_\_ Roll No. \_\_\_\_\_ Branch \_\_\_\_\_ Semester \_\_\_\_\_

The above student is hereby authorized to be enrolled.

Date \_\_\_\_\_

Class Counselor