

Department of Computer Science & IT

Department Copy

Form # _____

**Course Registration Performa
Regular Semester Fall 2021**

Department: Computer Science & Information Technology
Student's Name: _____
Father's Name: _____ Session: _____
Program: _____ Roll No: _____

Sr#	Course Title	Course Withdraw	Cr Hrs.
1			
2			
3			
4			
5			
6			

**Course Registration Performa
Retake/Improve Fall Semester 2021**

Department: Department of Computer Science & IT
Student's Name: _____
Father's Name: _____ Session: _____
Program: _____ Roll No: _____
Challan No _____ Amount Deposite _____

Sr#	Course Title	Teacher Name	Semester	Marks	Sign
1					
2					
3					
4					
5					
6					

Internal Controller of Examination
Deptt of CS & IT, UOS