

APPLICATION FOR SEMESTER REGISTRATION

To
The Registrar,
DRIEMS University, Cuttack, Odisha

1. Name of the School :
2. Course : Branch :
3. Session :
4. Name of the Candidate (in Block Letter) :
5. Registration No. (Allotted by the University)
6. Subjects intend to Registrar _____ Semester / Year

Sl. No.	Subject Code	Subject	Sl. No.	Subject Code	Subject
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

1. Mode of Payment,

a. Offline

Rs. _____ vide cash in Bank / Accounts, Challan No. _____

dt. _____

b. Online

Rs. _____ UTR No. _____ dt. _____

Full Signature of the Candidate

Certified that the particulars furnished by the candidate are correct.

Accounts

Verified by Faculty / H.O.D.

Dean