

**DEPARTMENT OF BIO & NANO TECHNOLOGY,
GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR**

REGISTRATION FORM FOR OPEN ELECTIVE COURSE

Passport size
photo attested
by the
Chairperson
of concerned
Department

NAME OF THE STUDENT (IN CAPITAL LETTERS):	
REGISTRATION NUMBER/ROLL NO.:	
FATHER'S NAME:	
MOTHER'S NAME:	
DATE OF BIRTH:	
NAME OF THE DEPARTMENT:	
NAME OF THE COURSE PRESENTLY REGISTERED:	
EMAIL:.....	
MOBILE NUMBER:	
NAME OF THE ELECTIVE COURSE OPTED:	
COURSE CODE (OPTED):	

Signature of the Student

Recommendation by the Chairperson of the Department
(With Seal)