

REGISTRATION FORM FOR FOUNDATION COURSES- MONSOON SEMESTER, 2018 (TAB, SHAHPUR)

DEPARTMENT / CENTRE:		PROGRAMME OF STUDY:	
Roll No:	NAME OF STUDENT:	TIMING: 1:30-2:30 (Thursday & Friday)	

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	Teacher's Remark
ENV 443	Basic of Climate Change	Dr. Ankit Tandon			
CSI 449	LAB-PC package	Dr. Ajay Kumar			
EEL 414	Advanced Oral Communicative Skills in English	Dr. Hem Raj Bansal			
PAS 556	Science of Yoga	Dr. O. S. K. S. Shastri			
CCS 547	Biophysical Chemistry	In Charge Dept. of Chemistry			
ZOOL 423	Aquaculture	HOD Zoology			
BOT 426	Organic Farming and Practices	HOD Botany			
EEL 412	Academic Writing	HOD English			

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.
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Signature of the Student