

## REGISTRATION FORM FOR FOUNDATION COURSES- SPRING SEMESTER, 2020 (TAB SHAHPUR)

DEPARTMENT / CENTRE:		PROGRAMME OF STUDY:
Roll No:	NAME OF STUDENT:	TIMING:

***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/ Room No.	Registration	Class Room Allotted	Course Code and Course Title (Opted by Students)	Teacher's Remark
MTH 527	Introduction to Mathematical Statistics	HOD				
PAS 428 B	Elements of Scientific Programming	Prof Hum Chand				
CCS 549	Electronic Spectroscopy	Dr. Rajender Kumar				
ZOOL 427	Basics of Wild Life Studies	HOD				
BOT 425	Plant Product in Health Care	HOD				
CBB 416 A	Basics of Machine Learning	Dr. Mahesh Kulheria				
ENV 553	Environmental Thermodynamics	Dr. Dilbag Singh				
CSI 449	LAB-PC Package	Mr. Ajay Kumar				

<b>Undertaking:</b>	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**