



OFFICE OF THE DEAN (ACADEMIC)
NATIONAL INSTITUTE OF TECHNOLOGY
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Requisition for Late registration in MIS / Partial / (For Students)

Name of the Student	
Roll Number(s)	
Semester	
Department	
Specialization (for PG)	

COURSES TO BE REGISTERED

Sl. No.	Course Code	Course Name	Course Type (Core / Elective / Laboratory)

Name of the Faculty	
Department	
Signature of the Faculty	

Date:

Head of the Department

For Office use

Associate Dean(Academic)	:	
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