



**ACADEMIC OFFICE  
NATIONAL INSTITUTE OF TECHNOLOGY  
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA**

**REGISTRATION FORM / SUPPLEMENTARY EXAMINATION**

**STUDENT INFORMATION:**

1.	Name	:	
2.	Roll number	:	
3.	Department	:	
4.	Specialization (For PG)	:	
5.	Batch	:	
6.	Session & Year	:	January / Summer / July / October & 20____
7.	Contact Number	:	

**LIST OF COURSES REGISTERED IN MIS:**

a) **Theory**

S. No.	Course Code	Course Title	Semester
1.			
2.			
3.			
4.			
5.			
6.			
7.			

b) **Laboratory**

S. No.	Course Code	Course Title	Semester
1.			
2.			
3.			
4.			

**Total Fees Paid** : Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

**SB Collect Fee** :

**Receipt Number**

**Date of Payment** :

**Date:**

**Signature of the Student**