



**INSTITUTE OF TECHNOLOGY
UNIVERSITY OF KASHMIR
ZAKURA CAMPUS**

REGISTRATION FOR _____ SEMESTER

NAME :

ENROLLMENT NO. :

FATHERS NAME :

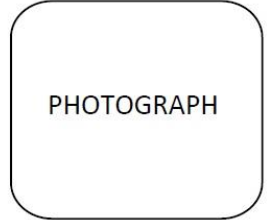
BRANCH:.....

CATEGORY:.....

BATCH:.....

Fees Details (Attach A Copy of Bank Receipt):

S.no.	Amount Paid	Date Paid	Bank Account Number Credited



CONTACT DETAILS:

EMAIL:.....

PERSONAL CONTACT NO 1:.....

PARENTS/GUARDIANS CONTACT NO :

FULL POSTAL ADDRESS:.....

.....

PREVIOUS SEMESTER DETAILS:

Semester	Subjects Not Passed (subject codes only)
1	
2	
3	
4	
5	
6	
7	

I hereby declare that the information provided above is correct.

Signature of the student