



Tribhuvan University
Institute of Agriculture and Animal Science
Kirtipur, Kathmandu
Postgraduate Program
SEMESTER REGISTRATION

Receipt No.:
Amount:
Late Fee:
Date:

Academic year: - _____

Semester: - _____ Year _____ Semester

Name of the Student: - _____

Contact No.:- _____ Roll No.:- R- _____

Date of admission: - _____

Category of the student: - General/In-service/Nominee/Others

Name of the Dept: - _____

Fee Structure: Regular/ Half IDF/ Full IDF

No. of credit hour offered: - _____

Date of Registration:

Enrolled in the previous semester: - Yes/No (If no, attach necessary approved for registration)

S.N.	Course Code	Course Title	Cr. Hr.	Class Schedule						Signature of course teacher	Dept.	Remarks
				Sun	Mon	Tue	Wed	Thu	Fri			

Certified that the course and research work mentioned above are in accordance with the approved plan of studies and outline of research of student and that the student was required in the preceding semester.

Student's Sign.

Academic Section Sign.

Account Officer's Sign.

PG Coordinator's Sign.

Asst. Dean (Acad) 's Sign.

Date:

Date:

Date:

Date:

Date:

(Note: This form must be filled out in quadruplets: Copies for student, Major Advisor, Division of Examination Control and PGP Office)