QUIAID-I-AZAM UNIVERSITY
(Department of Electronics)

REGISTRATION OF COURSES (Office Copy)

Registration No: _____ Name of Student. _____

Father's Name: _____ BS/ M.Sc./ M.Phil./Ph.D.: _____

Electronics Department .Semester: _____ Fall-2025 _____

S.No.	Course Code No.	Course Title	Credit
1			
2			
3			
4			
5			
6			
7			
8			

NOTE:- Courses being offered as NON- CR EDIT _____

I have deposited the requisite fee vide Challan No. _____

I am a non- resident/resident of University Hostel and have paid the Hostel dues vide

Certified that the particulars given above are correct.

Dated: _____   _____

Signature of Student