

DIBRUGARH UNIVERSITY:: DIBRUGARH::786 004

REGISTRATION FORM FOR GENERIC ELECTIVE COURSE

**(The Applications must be forwarded by the Head/ Chairperson of the Teaching Department/
Centre of Studies/ Institute concerned)**

1. Name of the Applicant:.....

2. Department/ Centre :

3. Programme pursuing on the date of application:.....

4. Semester with Roll No.....Semester, Roll No.

5. Address for correspondence:.....
.....

- Mobile No.

- E-mail ID:

6. Applied for Registration for the Generic Elective Course on

DECLARATION

I hereby declare that I am a bonafide and Regular student of Dibrugarh University studying in the..... Semester of the Programme bearing Roll No. of the Department of/ Centre for Studies in I want to pursue the

(Name of the Course) as Generic Elective Course and shall abide by the relevant rules and regulations of the University.

Date:

Full Signature of the Applicant

Forwarded by the Head/ Chairperson of the Teaching Department/ Centre of Studies/ Institute concerned.

FOR OFFICE USE ONLY

Admission recommended/ not recommended

**Course Teacher, Generic Elective Course in,
Dibrugarh University**