

| | | |
|--|--|-------------------------------|
| | | |
| | | |
| | | Total No. of Credits = |

SEMESTER II

| Compulsory Modules | | |
|---|----------------------------|-------------------------------|
| Module Code | Title of the Module | No. of Credits |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Total No. of Credits = |
| Optional Modules | | |
| Module Code | Title of the Module | No. of Credits |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Total No. of Credits = |
| Total number of credits for the academic | | |
| year = | | |

09. Registration Fee : Rs.150

Date of Payments:

Receipt No:

Date :

.....
Signature of Applicant

I certify that the above student has selected the correct set of modules relevant to his/her combination at Level 3 and that he/she will fulfill the minimum annual credit requirement in respect of the subject area(s) offered by my Department.

.....
.....

Signature of the Head/
Head/
Academic Advisor/CMIS

Signature of the Head/
Academic Advisor/ELTN

Signature of the Head/
Academic Advisor/IMG T

Signature of the
Academic Advisor/MATH

Date :

Date :

Date :

Date :

.....

I certify that the above student has selected modules required minimum/maximum aggregating to the number of credits for Level 3.

.....
Signature of the Student Counsellor