**S.No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University of Baltistan, Skardu**

 **Registration of Course(Provisional)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reg. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class\_\_\_\_\_\_\_\_\_\_\_\_\_Semester\_\_\_\_\_\_\_\_\_\_\_CGPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(COURSES TO BE OFFERED)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Code.No** | **Course Title** | **Credit**  | **Normal / Repeater**  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |

**Note: - Courses being offered as NON-CREDIT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Certified that the particulars given above are correct.**

 **Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Verified by. Dy. Controller (Internal) Signature of Coordinator**

**ll. I have deposited the current semester fee vide Challan No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Affairs Office Dated:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S.No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University of Baltistan, Skardu**

 **Registration of Course(Provisional)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reg. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class \_\_\_\_\_\_\_\_\_\_\_\_\_Semester \_\_\_\_\_\_\_\_\_\_\_CGPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(COURSES TO BE OFFERED)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Code. No** | **Course Title** | **Credit**  | **Normal / Repeater**  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |

**Note: - Courses being offered as NON-CREDIT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Certified that the particulars given above are correct.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verified by. Dy. Controller (Internal) Signature of Coordinator**

**ll. I have deposited the current semester fee vide Challan No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Affairs Office Dated:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**