



Indian Institute of Technology Guwahati

ACADEMIC SECTION'S COPY

COURSE REGISTRATION FORM FOR **FRENCH LANGUAGE COURSE**

Session: January May 2017

GROUP A → 9:30 am - 11:00 am (Saturday and Sunday)

last name/first name/middle name (in capital letters only)

Name:

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Program:

Dept/Centre:

Semester:

Roll No.

Hostel	
Name	Room No.

IITG Email:	
Other Email:	
Phone No:	

Attach Proof of Payment

Please submit the Academic Section/SAB
copy of the Fee Challan Form.

Signature of the student

Date:

Signature of the Course Instructor (with date)

Name:

Signature of DoAA/ADoAA (with date)



Indian Institute of Technology Guwahati

COURSE INSTRUCTOR'S COPY

COURSE REGISTRATION FORM FOR

FRENCH LANGUAGE COURSE

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Program:

Dept/Centre:

Semester:

Roll No.
<input type="text"/>

Hostel	
Name	Room No.
<input type="text"/>	<input type="text"/>

IITG Email:	<input type="text"/>
Other Email:	<input type="text"/>
Phone No:	<input type="text"/>

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Signature of the student
Date:

Signature of the Course Instructor (with date)
Name:

Signature of DoAA/ADoAA (with date)

Indian Institute of Technology Guwahati



STUDENT'S COPY

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