Attending Course at SEECS
Performa for Attending Course

Student Name: _____   Reg No: _____

Discipline: _____   College/University:_____

Contact no   _____

Course to attend:_____   Course offered to: _____

Course Duration: From _____To_____   Course Fee: _____

If fee waved off :

Waving off Authority _____   Signature: _____

Date**:** _____

Student Signature: _____

Remarks by Course Instructor/Advisor: (Advisor Sigs are compulsory for only PhD/research students)

Name of Instructor:_____   Name of Advisor: _____

Signature with Date:_____   Signature with Date:_____

Remarks By Respective HoD:

_____
Signature:
Date: _____

Remarks By Training Manager:

_____
Signature:
Date: _____

Remarks By DCE:

_____
Signature:
Date: _____

Approved/Not Approved

_____
Respective S. HoD Signature
Date: _____

NOTE: Complete form should reach to Academic Coord Branch a week before the commencement of the semester.