



**CENTRAL UNIVERSITY OF ANDHRA PRADESH**  
**SEMESTER REGISTRATION FORM**

S. No	Personal Information	
1)	Registration No.	
2)	Name of the Student	
3)	Name of the Parent	
4)	Programme of Study	
5)	Semester for which registration is sought	
6)	Fees Paid (Please enclose proof of payment of fees)	
7)	Email of the Student	
8)	Mobile Number of the Student	
9)	Mobile Number of the Parent	

**Details of Backlogs:**

S. NO	Course Code	Title of the Course	Semester	Year & Month of Examination
1				
2				
3				
4				
5				
6				

**Details of Courses registered in the current semester:**

S. NO	Course Code	Title of the Course	Core/Elective	Credits	Regular
1					
2					
3					
4					
5					
6					

Date:

Signature of the Student

Forwarding Remarks:

Date:

Signature of the Programme Coordinator

No Dues certificate by Hostel Warden

Certified that no dues are outstanding in the name of the student.

Signature of the Hostel Warden