



ROSTER FORM

Academic Year :		Office Copy	
Semester :	I (New)	Counselor's Copy	
Duration :	/ / 20 to / / 20	Student Copy	
Registration No. :		Mobile No.	
Adhar No. :			

Name of the Student _____
(In Block Letters) (Surname) (First Name) (Father's Name)

Sr. No.	Course No.	Title of the Course	Credits			Whether Offered	Sign of Course Teacher
			Theory	Practical	Total		
1	AGRO 111	Fundamentals of Agronomy-I	1	1	2	Yes/No	
2	AGRO 112	Introductory Agro-meteorology and Climate change	1	1	2	Yes/No	
3	ASDS 111	Livestock Production & Management	1	1	2	Yes/No	
4	EXTN 111	Rural Sociology & Educational Psychology	2	0	2	Yes/No	
5	HORT 111	Fundamentals of Horticulture	1	1	2	Yes/No	
6	LANG 111	Comprehension & Communication Skills in English	1	1	2	Yes/No	
7	MIBO 111	Introductory Microbiology	1	1	2	Yes/No	
8	SSAC 111	Fundamentals of Soil Science	2	1	3	Yes/No	
Total Core Courses			10	7	17		
B) Remedial Courses (3 or 5 credit)							
9	AGH -111	Agricultural Heritage	1	0	1	Yes/No	
10	BIO -111	Introductory biology	1	1	2	Yes/No	
11	MATH -111	Elementary Mathematics	1	1	2	Yes/No	
Sub total			3/4	0/1	3/5		
C) Non-Gradial Courses (4 credits)							
12	HVE 111	Human Values & Ethics	1	0	1	Yes/No	
13	DEG 111	Democracy, Elections and Good Governance	1	0	1	Yes/No	
14	NCC 111/ NSS 111	NCC/ NSS **	0	1	1	Yes/No	
15	PHEY 111	Physical Education and Yoga	0	1	1	Yes/No	
Sub total			2	2	4		
Total Credits (A+B+C)			15/16	9/10	24/26		

Signature of the student

For the use of Counselor

1. The course as above for which student has applied for registration have been verified and found to be correct.
2. It is recommended that he / she may be allowed to register for **First** semester of 20 / 20

Signature of Counselor & Date

To be filled in by Chief Counselor:

The student is allowed to register for _____ credits during _____ semester.

Chief Counselor

No dues

Signature with seal

1. Hostel Rector -----
 2. Library -----
 3. Mess -----
 4. Office -----
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For Office Use

Mr. / Miss. _____ class _____

Academic Year _____ Reg. No. _____

This Roster Form is received in the office on _____

The student has paid the college fees as mentioned below:

- | | | | | | | | |
|----|--------------|-------------|-------|------|-------|--------|-------|
| 1. | Tuition Fees | Receipt No. | _____ | Date | _____ | Amount | _____ |
| 2. | Other Fees | Receipt No. | _____ | Date | _____ | Amount | _____ |
| 3. | Hostel Fees | Receipt No. | _____ | Date | _____ | Amount | _____ |
| 4. | Mess Fees | Receipt No. | _____ | Date | _____ | Amount | _____ |
| 5. | Arrears Fees | Receipt No. | _____ | Date | _____ | Amount | _____ |

Clark

Academic In charge

Principal