

GOVERNMENT OF BIHAR

DEPARTMENT OF SCIENCE & TECHNOLOGY

STATE BOARD OF TECHNICAL EDUCATION BIHAR, PATNA

SEMESTER REGISTRATION FORM FOR REGULAR COURSE

Name of Institute	Code
Registration Number Branch	Code
Name Ame	
Father's Name	
Date of Birth Mobile No.	
Email	
Board Roll No. of last semester exam appeared	
Semester to be registered I II III IV V VI	
Subject Name	Sub Code

DECLARATION

I hereby declare that the above information is true to the best of mu knowledge.

This is to certify that the above information filled by the student has been verified and found correct.

Signature of Candidate

Principal Seal