



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

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 my knowledge.

Signature of Candidate

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

Principal Seal