



GOVERNMENT OF BIHAR  
DEPARTMENT OF SCIENCE & TECHNOLOGY

STATE BOARD OF TECHNICAL EDUCATION BIHAR, PATNA

**SEMESTER REGISTRATION FORM**

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

Regular Paper

Subject Name	Sub Code

Backlog Paper (if any)

Semester

Subject Name	Sub Code

Semester

Subject Name	Sub Code

Semester

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