

Semester Registration Form

Exam Type	<input type="text" value="Regular"/>		
Roll/Code:	<input type="text" value="s-12023"/>	No:	<input type="text" value="0021"/>
College:	<input type="text" value="L.C.B. COLLEGE"/>		
Program	<input type="text" value="UNDER GRADUATE"/>	Course	<input type="text" value="B.Sc"/>
Course Type	<input type="text" value="Major"/>	Subject	<input type="text" value="COMPUTER SCIENCE"/>
GU Registration No	<input type="text" value="068680"/>	Of Year	<input type="text" value="2012-2013"/>
Year/Semester	<input type="text" value="6"/>	Medium	<input type="text" value="English"/>
Student Category	<input type="text" value="Regular"/>	Switch Over	<input type="text" value="No"/>
Batch	<input type="text" value="Batch 2012"/>	Mobile No	<input type="text" value="8876241398"/>

Personal Details

First Name:	<input type="text" value="DIVYANSHU SHARMA"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
Father's Name	<input type="text" value="DINESH SHARMA"/>		Mother's Name	<input type="text" value="MUNNI SHARMA"/>	
Caste:	<input type="text" value="General"/>	Gender:	<input type="text" value="Male"/>		

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