S.No:_____

**University of Baltistan, Skardu**
**Registration of Course(Provisional)**

Name: _____F/Name: _____Reg. No._____

Department: _____Class_____Semester_____CGPA_____

**(COURSES TO BE OFFERED)**

| S. No | Code.No | Course Title | Credit | Normal / Repeater |
|-------|---------|--------------|--------|-------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

Note: - Courses being offered as NON-CREDIT_____
    I.   Certified that the particulars given above are correct.

                Signature of Student_____

_____
**Verified by. Dy. Controller (Internal)**                **Signature of Coordinator**

II. I have deposited the current semester fee vide Challan No._____Dated._____

_____
**Student Affairs Office**                Dated:-_____

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