MAHATMA GANDHI INSTITUTE OF TECHNOLOGY (A)

Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M), Hyderabad - 500 075, Telangana State
Phone No: 040-24193057; Cell No:9848426106; Website: www.mgit.ac.in

ACADEMIC & EXAMINATION SECTION

REGISTRATION FORM

Date: _____

1. **Name of the Student** : _____
2. **Roll No.** : _____
3. **Name of the Programme** : **B.Tech.** (_____)
4. **Semester:** _____ 5. **Mobile No.:** _____ 6. **Email ID:** _____
7. **Details of Annual Tuition Fee: (Attach Proofs for Payment)**

   a) Status of Tuition Fee Payment : _____
   b) Date of Fee Payment for the A.Y. 2026-27 : _____
   c) Mode of Payment : _____
   d) Receipt No. with date : _____

8. **Details of Subjects registering for Semester:** _____

S. No.	Course Code	Name of the Course	Core / Programme Elective / Open Elective / Internship / Mini Project (if any)	Pursuing through Institute / NPTEL / MOOCs	Remarks

Note: ***Registration is not permitted with any fee due.***

Signature of the Student

Remarks of Head of the Department:

Fee Due, if any: _____

Signature of the HOD

VICE PRINCIPAL **PRINCIPAL**