Dr. MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY, POLLACHI – 642003

***Course Registration Form for the Year 2025-26***

Date: \_\_\_\_/\_\_\_\_\_\_/2025

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| --- | --- | --- | --- |
| Student Name |  | Roll No. |  |
| Course & Branch |  | Year | II / III / IV |
| Quota | Govt. Quota / Mgt. Quota |  FG / Govt. School 7.5 / AVS |
| History (No. of Arrears)(up to previous semester) |  | CGPA |  |
| ***Fee Payment Details***  |
| Academic Year | Fee Demand | Fee Paid | Attach Copy of Fee Receipt downloaded from CMS App. |
| 2025-26 |  |  |

 Signature of the Student

 No. of Course Registered odd sem. of the AY 2025-26: \_\_\_\_ Permitted / Not Permitted

 Head of the Department

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