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

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

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

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Signature of the Student

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