



Academic Section's copy

MANAV RACHNA UNIVERSITY COURSE REGISTRATION FORM

(Note: Final Registration Form to be filled by the student
within 3 days of start of Semester)

Recent
Colored
Photograph

Date:

Registration No: Semester: 5th Program: B.Sc. (H) Maths

Name: Father's Name: Mother's Name:

Address for Correspondence:

Permanent Address:

Contact No: Email ID:

Courses Registered:

Course Code							Course Title	Subjects Registered	Cr.	L	T	P	O	*Course Type
M	A	H	3	3	3	T/P	RING THEORY		5	3	1	2	0	C
M	A	H	3	3	4	T/P	NUMERICAL ANALYSIS		6	3	1	2	1	C
M	A	H	3	3	5	T/P	MECHANICS-I**		10	3	1	2	0	E
M	A	H	3	3	6	T/P	NUMBER THEORY**			3	1	2	0	
M	A	H	3	3	7	T/P	DISCRETE MATHEMATICS**			3	1	2	0	
M	A	N	3	3	8		SEMINARS/ PRESENTATIONS		1	0	0	0	1	C
TOTAL CREDITS									22					

*Course Type: Please mark 'C' for Core Course, 'E' for Elective Course, 'A' for Audit Course

**Elective: Choose any two subjects

Signature of the student

Signature of the Registration Officer/ Teacher Incharge