Requisition for course updation in MIS (Addition / Deletion) / <u>For Faculty</u>

Course code	
Course Name	
Department	
Specialization (for PG)	
Semester	
Faculty	
Staff No.	
E-Mail	
MIS	Addition / Deletion
Signature of the Faculty	

Date: **Head of the Department**

For Office use

Updated on	:	
Associate Dean (Academic)		