

COLLEGE OF VETERINARY AND ANIMAL SCIENCE, BIKANER
(RAJASTHAN UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, BIKANER)
SEHEDULE CARD/REGISTRATION CARD

Class..... Semester..... Subject: (For PG)..... Year: 20.....20.....
 Name..... Address.....
 Enrolment No..... Registration No..... Mobile Phone No.....

Course No.	Brief Title	Cr. Hrs.	M	Tue	W	Th	F	S	CPA

Signature of Student Head of Department Major Advisor DEAN
REVISED FORM TO BE USED FOR ADDITION & WITHDRAWAL OF COURSE

Receipt No.....Date.....Amount.....		Receipt No..... Date.....Amount	
Receipt No.....Date.....Amount.....		Cashier Signature	