



# RAVINDRA COLLEGE OF ENGINEERING FOR WOMEN

(Approved by AICTE – New Delhi, Affiliated to JNTUA, Anantapur & ISO 9001:2008 Certified Institution)

Kurnool-518002, Andhra Pradesh

## DEPARTMENT OF COMPUTER SCIENCE ENGINEERING

### Students Registration Form

Date:

Name of the Student:

Roll No:

Mobile Number of Student:

Father's/Guardian's Name:

Mobile Number of Parent:

Semester for Which Registration is made: III-I

Regulation: **R-15**

Branch:

Proficiency of Equipment or Software relating to concerned branch:

Address:

I do hereby acknowledge that I have registered for the following subjects in the **Odd** Semester of academic Year **2018-19**. I also provide an undertaking to ensure that I will register for any one Certification Course offered by the department in the current semester

Subject Code	Subject Name	
15A05501	OPERATING SYSTEMS	<input type="checkbox"/>
15A05502	COMPUTER NETWORKS	<input type="checkbox"/>
15A05503	OBJECT ORIENTED ANALYSIS AND DESIGN	<input type="checkbox"/>
15A05504	PRINCIPLES OF PROGRAMMING LANGUAGES	<input type="checkbox"/>
15A05505	SOFTWARE TESTING	<input type="checkbox"/>
15A05506	<b>MOOCS -I</b> INTRODUCTION TO BIG DATA	<input type="checkbox"/>
15A05507	R PROGRAMMING	<input type="checkbox"/>
15A05508	INTRODUCTION TO OPERATIONS MANAGEMENT	<input type="checkbox"/>
15A05509	OBJECT ORIENTED ANALYSIS AND DESIGN AND	<input type="checkbox"/>
15A05510	OPERATING SYSTEMS LABORATORY	<input type="checkbox"/>
15A99501	HUMAN VALUES AND ETHICS (AUDIT COURSE)	<input type="checkbox"/>

Signature of the Parent

Signature of the Student

Class Teacher

Head of the Department

Principal

**Note: The students are informed to note that attendance will be considered from the date of submission of registration form in the department**



# RAVINDRA COLLEGE OF ENGINEERING FOR WOMEN

(Approved by AICTE – New Delhi, Affiliated to JNTUA, Anantapur & ISO 9001:2008 Certified Institution)

Kurnool-518002, Andhra Pradesh

## DEPARTMENT OF COMPUTER SCIENCE ENGINEERING

### Students Registration Form

Date:

Name of the Student:

Roll No:

Mobile Number of Student:

Father's/Guardian's Name:

Mobile Number of Parent:

Semester for Which Registration is made: IV-I

Regulation: **R-15**

Branch:

Proficiency of Equipment or Software relating to concerned branch:

Address:

I do hereby acknowledge that I have registered for the following subjects in the **Odd** Semester of academic Year **2018-19**. I also provide an undertaking to ensure that I will register for any one Certification Course offered by the department in the current semester

Subject Code	Subject Name	
15A52601	MANAGEMENT SCIENCE	<input type="checkbox"/>
15A05701	GRID AND CLOUD COMPUTING	<input type="checkbox"/>
15A05702	INFORMATION SECURITY	<input type="checkbox"/>
15A05703	MOBILE APPLICATION DEVELOPMENT	<input type="checkbox"/>
15A05704	<b>CBCC-II</b> SOFTWARE ARCHITECTURE	<input type="checkbox"/>
15A05705	COMPUTER GRAPHICS	<input type="checkbox"/>
15A05706	MACHINE LEARNING	<input type="checkbox"/>
15A05707	<b>CBCC-III</b> SOFTWARE PROJECT MANAGEMENT	<input type="checkbox"/>
15A05708	DISTRIBUTED SYSTEM	<input type="checkbox"/>
15A05709	REAL TIME SYSTEMS	<input type="checkbox"/>
15A05710	GRID & CLOUD COMPUTING LABORATORY	<input type="checkbox"/>
15A05711	MOBILE APPLICATION DEVELOPMENT LABORATORY	<input type="checkbox"/>

Signature of the Parent

Signature of the Student

Class Teacher

Head of the Department

Principal

**Note: The students are informed to note that attendance will be considered from the date of submission of registration form in the department**



# RAVINDRA COLLEGE OF ENGINEERING FOR WOMEN

(Approved by AICTE – New Delhi, Affiliated to JNTUA, Anantapur & ISO 9001:2008 Certified Institution)

Kurnool-518002, Andhra Pradesh

## DEPARTMENT OF COMPUTER SCIENCE ENGINEERING

### Students Registration Form

Date:

Name of the Student:

Roll No:

Mobile Number of Student:

Father's/Guardian's Name:

Mobile Number of Parent:

Semester for Which Registration is made: II-I

Regulation: **R-15**

Branch:

Proficiency of Equipment or Software relating to concerned branch:

Address:

I do hereby acknowledge that I have registered for the following subjects in the **Odd** Semester of academic Year **2018-19**. I also provide an undertaking to ensure that I will register for any one Certification Course offered by the department in the current semester

Subject Code	Subject Name	
15A05501	MATHEMATICS-III	<input type="checkbox"/>
15A05502	DATABASE MANAGEMENT SYSTEMS	<input type="checkbox"/>
15A05503	DISCRETE MATHEMATICS	<input type="checkbox"/>
15A05504	BASIC ELECTRICAL & ELECTRONICS ENGINEERING	<input type="checkbox"/>
15A05505	DIGITAL LOGIC DESIGN	<input type="checkbox"/>
15A05509	MANAGERIAL ECONOMICS & FINANCIAL ANALYSIS	<input type="checkbox"/>
15A05510	DATABASE MANAGEMENT SYSTEMS LABORATORY	<input type="checkbox"/>
15A99501	BASIC ELECTRICAL & ELECTRONICS LABORATORY	<input type="checkbox"/>

Signature of the Parent

Signature of the Student

Class Teacher

Head of the Department

Principal

**Note: The students are informed to note that attendance will be considered from the date of submission of registration form in the department**