

**COLLEGE OF ENGINEERING KARUNAGAPPALLY**

**NO DUES FORM FOR STUDENTS**

1	Name of student(In Block Letters)	
2	Year of admission, Admn No & University Reg.No	
3	Branch	
4	Whether passed the programme If No, whether any Supplementary Lab Examination	Yes/No Yes/No
5	Address	
6	Phone No &Email ID	
7	Caution Deposit Receipt No & Date	
8	Date of Birth	
9	Dated Signature of the Student	

SI No	Name of lab	Name of Faculty/Staff in charge	Remarks	Signature
<b>Electronics Department</b>				
1	Electronic Circuits	Sri. Jibu J V		
2	Electronic Project Lab (B. Tech)	Sri. Reju John		
3	Micro Processor	Smt. Shiny C		
4	Digital Electronics			
5	Embedded System Lab			
6	Signal Processing Lab(B. Tech)	Smt. Salini		
7	Communication	Dr. T E Ayoobkhan		
<b>Electrical Department</b>				
8	Electrical Workshop	HoD, EEE		
9	Electrical Measurement/ Circuits & Measurement lab			
10	Electrical Machines			
11	Advanced Electrical Engineering/ System & Control Lab			
12	Project Lab(B.Tech)			

13	Electronics Circuits			
14	Digital Electronics	Smt. Haseena PY		
<b>Computer Science Department</b>				
15	Computer Centre	Dr. Jyothi R L		
16	Computer Programming Lab	Smt. Sheeja Y S		
17	Digital Image Processing	Dr. Smitha P		
18	Project Lab (B. Tech)	Dr. Smitha P		
19	Multimedia (IT)			
20	P G Project Lab	Sri. Vinod R		
21	High Performance computing			
22	Hardware/System Programming Lab/ Foss Lab	Smt. Shani Raj		
23	Network Programming	Smt. SabeenaK		
<b>Mechanical Department</b>				
24	Mechanical Workshop	Sri. Manu M John		
<b>Other Departments</b>				
25	Library	Librarian in Charge		
26	Chemistry Lab	Dr. Johnsy S Prasad		
27	Physics lab	Smt. Premakumari. K R		
28	Mechanical Department (HOD)	Dr. Ajil Kumar		
29	Electronics Department (HOD)	Dr. C Gopakumar		
30	Computer Science Departments (HOD)	Dr. Smitha P		
31	Electrical Department (HOD)	Smt. Libi A		
32	Parent Teacher Association	Dr. Ajilkumar. A		
33	Alumni	Sri. Vinod R		
34	Sports	Sri. Reji Thankachan		
35	Training & Placement	Dr. Jyothi R L		
36	Hostel	G	Sri. Reju John	
37		L	Smt. Shiny C	
38	Office-Academic Section	Smt. Santhini. V R		
39	Office-Accounts	Sri. Anoop Raj T V		
40	Office-Exam	Smt. Anusree S Vijayan		

41	Recommendations of the Class Advisor			
42	Recommendations of the Head of Department			

For Office Use Only

Account/Cashier  
SI No. in C.D Register (with P No.):

Date of Deposit : Amount of deposit:  
Passed for refund of Rs ( ) Only

P R I N C I P A L

Received the amount Rs. ( ) only

PAI  
D

Cashier

Signature (with date)  
Name