



REGISTRATION FORM
(FILL IN BLOCK LETTERS)

TEAM DETAILS

COUNSEL 1

NAME: _____

PHONE NO: _____

EMAIL ID: _____

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passport
size
photograph

COUNSEL 2

NAME: _____

PHONE NO: _____

EMAIL ID: _____

Affix a
passport
size
photograph



INSTITUTIONAL DETAILS

NAME: _____

ADDRESS: _____

STATE: _____ POSTAL CODE: _____

FACULTY -IN -CHARGE: _____

DESIGNATION: _____

EMAIL ID: _____ PHONE NO: _____



PAYMENT DETAILS

TRANSACTION ID: _____

DECLARATION:

We, the undersigned, declare that the institution and its team members will abide by all the rules of the competition set out as official and as notified to us from time to time throughout the period of the competition.

We also declare and confirm that all the information provided in the registration form is true and accurate.

COUNSEL 1: _____

COUNSEL 2: _____

FACULTY ADVISOR: _____

(SIGNATURE WITH INSTITUTION SEAL)

HEAD OF THE INSTITUTION/DEAN OF SCHOOL: _____

(SIGNATURE WITH INSTITUTION SEAL)