

REGISTRATION FORM

PARTICIPATING INSTITUTION

NAME: _____

ADDRESS: _____

FACULTY –IN-CHARGE: _____

DESIGNATION: _____

TELEPHONE: _____ EMAIL ID: _____

TEAM MEMBERS

SPEAKER 1:

NAME _____ SEMESTER: _____

TELEPHONE: _____ EMAIL ID: _____

SPEAKER 2:

NAME _____ SEMESTER: _____

TELEPHONE: _____ EMAIL ID: _____

RESEARCHER:

NAME: _____ SEMESTER: _____

TELEPHONE: _____ EMAIL ID: _____

DECLARATION

WE THE UNDERSIGNED DECLARE THAT THE INSTITUTION AND ITS TEAM MEMBERS WILL ABIDE BY ALL THE RULES OF THE COMPETITION SET OUT IN THE RULES 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.

SPEAKER 1: _____

SPEAKER 2: _____

RESEARCHER: _____

FACULTY INCHARGE: _____

HEAD/DEAN OF SCHOOL: _____

(SIGNATURE WITH INSTITUTION SEAL)