



PROJECT EXHIBITION

Registration Number _____
(for office use only)

REGISTRATION FORM

Name of College / University / Institute

Address of College / University / Institute

Name of the Project

Team Members' Details

S. No.	Name	Role	Contact Number	Email-ID
1.				
2.				
3.				
4.				
5.				

Brief about the Project

Space (in sq. feet) required for exhibiting the project

Requirements, if any

Kindly mail back the filled registration form at kamaljit.cse@cumail.in