REGISTRATION FORM

1. Name of the School:

2. Address (Please mention with Phone no. & Email id.):

3. Name of the Students: (Please mention your representative STD along with your name)

   1. 
   2. 
   3. 
   4. 
   5.  
   6. 
   7. 
   8. 
   9. 
   10. 

4. Name of the In charge staff:

5. Contact no. of In charge staff:

DECALARATION:

I hereby declare that all the details furnished above are true to the best of my knowledge and willing to permit my school on the Event.

6. Signature & Seal:

7. Date:

Contact Details:

Event Coordinators,
Department of EEE,
Velammal Institute of Technology

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