

Registration Form Avishkar

Name:

Father/Guardian's Name:.....

Name of the College. Institute where studying:

Name of the University to which the college is affiliated:

Name of the Centre:

Degree for which registered UG/PG/Doctoral:

Branch:

Year:

Address for Communication:.....

Phone: [off].....[Res].....[Mob].....

Fax:.....[E-Mail].....

Title of the Project:.....

Area:.....

Date of completion of the project:.....

Application of the Project if done :..... Yes/No

If Yes, Where and How? [Mention briefly].....

.....
.....

whether the project has been sent for some other competition earlier? Yes/No

if Yes, mention place and Date.....

Date.....

Signature of Nominee

[Signature of the Competent Authority]

Please send the filled-in Registration Form, Demand Draft and Abstract of the Project etc to:

I/c, Director Students' Welfare

V.V.Bhavan, 1st floor, B.Road,

Churchgate, Mumbai:-400020

Phone :- 22042859

Email : deptstudentwelfare@gmail.com