

'LITE' TECHNICAL EXHIBITION 2017

Registration Form

ROBOTICS RACE COMPETITION

Institute Details:

Name of Institute				Seal of the Institute (Compulsory)
Address				
Contact Person				
E-mail				
Mobile		Signature		
Phone (Land Line)		Date		
Designation				

Project Title: _____

Participant Details:

Team Leader:

Name: _____

Contact Number: _____

Member 1:

Name: _____

Contact Number: _____

Member 2:

Name: _____

Contact Number: _____

Member 3:

Name: _____

Contact Number: _____

For official use only

Date of registration: _____

Receipt number: _____

Received by: _____

Signature: _____

For further details please contact:

Ramal Maharjan

Coordinator,

ROBOTICS RACE Competition,

'LITE' TECHNICAL EXHIBITION 2017

Mobile: 9860438722

Note: You may create Xerox of this form if required more.

Please submit this form by 6th February, 2017 with payment