



REGISTRATION FORM

Name :				31	a .	
(In Block Letters)						
Name of College/In	nstitute/Un	iversity:			9	
Email:						
Phone/Mobile No.	:					
Course:	B.Tech		MCA		M.Tech	
	MBA		Pharmacy			
Branch		Batch		Sem		
Event you want to j	participate	:				
Computer Quiz		E-Tro	easure Hunt		Do Doodle	
Trailblaze	r		Coderia [Codefeeder	
Photocomba	t	R	eady to Roll		Bug War	
Total No. of Event	participati	ng			\\	<u> </u>
Payment Amount (Total No. o	f Event p	articipating x 20)			
Date:						
Place:				(3	Signature of Pa	rticipan

Organized by:

Department of Computer Science & Engineering

Shri Ram Murti Smarak College of Engineering & Technology

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