

REGISTRATION FORM

1. Name : _____

(In Block Letters)

2. Name of College /Institute/University : _____

3. Email: _____

4. Phone /Mobile No.: _____

5. Course: B.Tech MCA M.Tech

 MBA Pharmacy

6. Branch _____ Batch _____ Sem _____

7. Event you want to participate:

Computer Quiz E-Treasure Hunt Do Doodle

Social View Codestarters Codemania

Bug War

Total No. of Event participating _____ \

8. Payment Amount (Total No. of Event participating x 20) _____

Date: _____

Place: _____

(Signature of Participant)

Organized by:

Department of Computer Science & Engineering

Shri Ram Murti Smarak College of Engineering & Technology

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