

GIJUTSU – 15

1. Name of Project Leader :
2. Date of Birth (dd/mm/yy) : __/__/__
3. Age :
4. Gender : Male / Female
5. Address **College** **Residence**

6. Contact Number of Student :
7. E-mail ID of Student :
8. Area & Title of the Project :
9. Name & Signature of Project Guide :
10. Contact Number of Project Guide :
11. Name of Other Members in the Group :
 - a) b)
 - c) d)

CERTIFICATE FROM THE HEAD OF THE INSTITUTION

I recommend Mr./Ms. and his team for participation in **GIJUTSU - 15**. During the time period he/she shall abide by the rules and regulations of the competition.

Signature :

Name & Designation : (Seal)

Fill the required details & mail this form along with a 300 word project abstract to gijutsu15@aisat.ac.in on or before 15th November 2014.