



IGS - AISAT AWARD 2017

Registration Form



1. Name of the Student : _____

2. Date of Birth : _____

3. Age : _____

4. Sex : Male/Female

5. College Address : _____ Residential Address : _____

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6. Contact No. & E-mail id of student : _____

7. Title of the Project : _____

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8. Name & Signature of Project Guide : _____

9. Contact No. & E-mail id of Project Guide : _____

CERTIFICATE FROM THE HEAD OF THE DEPARTMENT

I recommend Mr./Ms. for participating in the competition for **IGS –AISAT Award 2017**. During the time period, he/she will abide the rules and regulations of the Competition and the decisions of the Award committee.

Signature : _____

Name & Designation : _____

Seal

Fill the required details and mail this form along with the thesis to aisatigsaward@gmail.com