



# IGS - AISAT AWARD 2019

## Registration Form



1. Name of the Student : \_\_\_\_\_

2. Date of Birth : \_\_\_\_\_

3. Age : \_\_\_\_\_

4. Sex : Male/Female

5. College Address : \_\_\_\_\_ Residential Address : \_\_\_\_\_

.....

.....

.....

.....

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

7. Title of the Project : \_\_\_\_\_

.....

.....

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 2019**. 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 [aisatigaward@gmail.com](mailto:aisatigaward@gmail.com)