



IOE ROBOCON 2018

Centre for Applied Research and Development (CARD)
Institute of Engineering
Pulchowk, Lalitpur

REGISTRATION FORM

(Fill all the information clearly and properly.)

Name of Institute: _____

Address: _____

University of Affiliation: _____

Contact number: _____

Email Address: _____

Team Coordinator/Mentor:

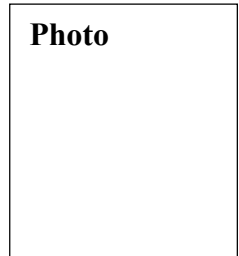
Name:

Contact No:

Email address:

Signature:

Photo



Please turn over

Team Members:

1. Name: _____
Department: _____
Campus roll number: _____
Email address: _____
Contact No: _____
Signature: _____

Photo

2. Name: _____
Department: _____
Campus roll number: _____
Email address: _____
Contact No: _____
Signature: _____

Photo

3. Name: _____
Department: _____
Campus roll number: _____
Email address: _____
Contact No: _____
Signature: _____

Photo

Please turn over

Pit Crew Members:

1. Name: _____
Department: _____
Campus roll number: _____
Email address: _____
Contact No: _____
Signature: _____

Photo

2. Name: _____
Department: _____
Campus roll number: _____
Email address: _____
Contact No: _____
Signature: _____

Photo

3. Name: _____
Department: _____
Campus roll number: _____
Email address: _____
Contact No: _____
Signature: _____

Photo

Please turn over

We hereby submit this registration form for the participation in “IOE ROBOCON 2018” along with the bank voucher of Rs. _____

(Inword : _____)

as required by the organizer. We assure that all the information filled above is accurate. Similarly, we agree all the rules, terms and conditions set by the organizer.

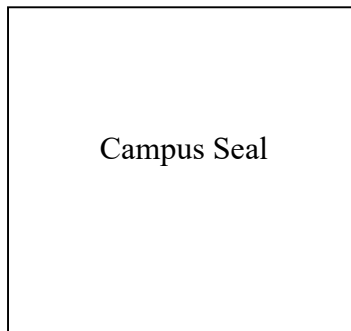
Remarks:

- A letter of confirmation from the organizer to the participant will finally complete the registration procedure.

Date of Submission: 2074/ / (2017- -)

.....
Signature
(Principal/Campus Chief)

.....
Signature
(Robotics Coordinator)



For Organizer's use only:

Form Accepted by:

Date:

Signature:

