



MOULISH G A
CH.EN.U4CYS21045

REGISTRATION FORM AMRITA CyberNation'22

Name:

Mail address:

Whats App number:

INSTITUTE/ORGANIZATION NAME:

INSTITUTE/ORGANIZATION ADDRESS:

Gender:

Select Competitions:

- ☐ CYBER CONCLAVE
- ☐ CYBER TECH FEST
- ☐ CYBER AWARENESS PROGRAM
- ☐ CYBER INDUSTRY MEET

DESIGNATION :

- ☐ STUDENT
- ☐ FACULTY MEMBER
- ☐ RESEARCH SCHOLAR
- ☐ INDUSTRY PERSON
- ☐ OTHERS

YOUR PHOTO No file chosen

YOUR ID PROOF No file chosen

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☐ I have understood all the terms and conditions