Registration Form

First Name

Last Name

Email

Roll Number

Branch Name

Date of Birth :

dd-mm-yyyy

Current Year of Study :

1st Year

Institute Name

Contact Number

Gender

Other ○   Female ○   Male ○

Select Event

☐ Event1   ☐ Event2   ☐ Event3   ☐ Event4   ☐ Event5   ☐ Event6 ☐

Upload Documents

Select Document :

Aadhar Card

Choose File | No file chosen

Submit

Reset

Submit