The Freescale Cup India 2011



STUDENTS REGISTRATION FORM

Basic	Team Name)		
Information	University/Coll	ege		
Supervisor's information	Name		Department	
	Position		Title	
	Telephone		Mobile Phone	
	e-mail		,	
	Mailing addre	ss		
	Name		Department	
Supervisor's information	Position		Title	
	Telephone		Mobile Phone	
	e-mail			
	Mailing addre	SS		
Team members Information	Name			
			Department	
			Branch	
	e-mail			
Team members Information	Name			
	er Year		Department	
	Mobile		Branch	
	e-mail			
	Name			
Team memb	er Year		Department	
	Mobile		Branch	
	e-mail			
College recommendations				
		Head of the Department	Principal	
		College Seal:		
		Date		
		Date:		