

REGISTRATION FORM

ROBOTICS WORKSHOP "iSensoBotz Elex"

			Avishkar ID		
Name					
College				Paste a passport size photograph	
City					
Address					
Phone No					
Email ID			27		
(For Office use only)					
Fees Received		Kit given			
		Registratio	n desk Signature		
Participant's Signature			Coordinator's Signature		