

# Event Registration Form

SHRI MADHWA VADIRAJA INSTITUTE OF TECHNOLOGY AND MANAGEMENT

## Participant Details

Full Name:

Enter your full name

Email:

Enter your email

Mobile Number:

Enter your mobile number

Department:

--Select Department--

Year of Study:

--Select Year--

Event Name:

Enter the event name

Participation Type:

☐ Individual ☐ Team

Additional Comments:

Any special requirements or notes

Register

Reset