

Shri Madhwa Vadiraja Institute of Technology & Management

Event Registration Form

Participant Information

Full Name:

Email:

Phone Number:

Gender:

☐ Male ☐ Female ☐ Other

Department:

Year of Study:

-- Select Year --



Event Name:

-- Select Event --



Skills/Interests:

☐ Leadership ☐ Creativity ☐ Teamwork ☐ Communication

Address:

Register

Reset