Shri Madhwa Vadiraja Institute of Technology & Management

Event Registration Form

Participant Information	
Full Name:	Enter your full name
Email:	Enter your email
Phone Number:	Enter your phone number
Gender:	○ Male ○ Female ○ Other
Department:	Enter your department (e.g., CSE, ECE, ME
Year of Study:	Select Year ➤
Event Name:	Select Event 🗸
Skills/Interests:	☐ Leadership ☐ Creativity ☐ Teamwork ☐ Communication
Address:	Enter your address
Register	

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