

 VIT VELLORE INSTITUTE OF TECHNOLOGY Registration and Admissions Form		
Registration Details Name: _____ Roll No.: _____ Date: _____		
Academic Details Branch: _____ Section: _____ Year: _____ Semester: _____		
Personal Details Address: _____ City: _____ State: _____ Pin: _____ Phone: _____ Email: _____		
Declaration I hereby declare that the information provided above is true and correct to the best of my knowledge. Signature: _____ Date: _____		

1. Name of the project:		2. Date of completion:
3. Name of the client:		4. Name of the contractor:
5. Address of the project:		6. Name of the architect:
7. Name of the engineer:		8. Name of the contractor:
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99. Name of the architect:		100. Name of the contractor: