

University level Student Research Convention



ANVESHAN-2020

14 January, 2020



REGISTRATION FORM

Name:

Father/Guardian's Name:.....

Name of the University/College/Institute where studying.....

(Please mention clearly if you are pursuing your study from University Teaching Department)

If you are studying in a college/institute, please mention the Name of the University to which your college/institute is affiliated to:.....

Nomenclature of the Degree for which enrolled:.....

Subject/Discipline:.....

Year in which you are studying at present:.....

Permanent Address.....
.....

Address for Communication:.....

(Mob) Email:.....

Subject Area.....

Date of commencement & completion of the Project:.....

Application of the Outcome of the Project (if any).....

Please mention briefly about the nature of the application of the project.....
.....

Whether the project has been sent for some other competition earlier? Yes/No If Yes, mention place and date

Date.....

Signature of Candidate

Head of the Department
(Signature with Seal)