



**IHCN Student Competition Participation Form**  
(Last date of registration is 20<sup>th</sup> December 2017)

**Selected Case Study Area:** ..... **Selected City:** .....

**Name of Participant/s (In BLOCK LETTERS)**

1. Name: .....

Sem/Year: ..... Discipline: .....

Email Id: ..... Mobile Number: .....

2. Name: .....

Sem/Year: ..... Discipline: .....

3. Name: .....

Sem/Year: ..... Discipline: .....

4. Name: .....

Sem/Year: ..... Discipline: .....

5. Name: .....

Sem/Year: ..... Discipline: .....

**Faculty / Team Coordinator:**

Name: .....

Email : .....

**Correspondence Address:**

Institute's Name: .....

Address: .....

City: ..... Pin: ..... State: .....

Ph. No.: ..... Email id: .....

We have read the rules & conditions and we agree to the same.

**Participants' Signatures:**

1. .... 2. .... 3. ....

4. .... 5. ....

Signature of Head of Institute: ..... Institute's Stamp: .....

**Note: All fields are mandatory. Incomplete forms will not be accepted. Please send a scanned copy of this form to [sudha.pandafar@kiit.ac.in](mailto:sudha.pandafar@kiit.ac.in) before sending it by post.**

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**For office use only:**

CODE..... Date of receipt.....