

JADAVPUR UNIVERSITY

Registration Form for Zonal Level Competition

Name:

Father/Guardian's Name:

Date of Birth:

Name of the College/ Institute Where studying: **JADAVPUR UNIVERSITY**

Faculty:

Department:

UG/PG/M.Phil/Ph.D:

Class:

Roll/ Registration Number:

Nomenclature of the Degree (For which enrolled):

Year of Enrollment:

Address for Communication:

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Phone: (Off) (Res) (Mob)

Fax: E-mail:

Title of the Project:

Date of Commencement & completion of the Project:

Application of the Outcome of the Project (if any). Yes/No

If Yes, mention briefly about the nature of Application

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Whether the project has been sent for some other competition earlier? Yes/No

If Yes, mention place and date

Date.....

Signature of the candidate

Ray
12/1/2022