

DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

Periyar Nagar, Vallam Thanjavur - 613 403, Tamil Nadu, India
Phone: +91 - 4362 - 264600 Fax: +91- 4362 - 264660
Email: headcse@pmu.edu Web: www. pmu.edu



PERIYAR MANIAMMAI

INSTITUTE OF SCIENCE & TECHNOLOGY
(Deemed to be University)

Established Under Sec. 3 of UGC Act, 1956 • NAAC Accredited

think • innovate • transform

TWO DAY NATIONAL LEVEL TECHNICAL SYMPOSIUM INVIGORATE Registration Form

Participant Name : _____
(BLOCK LETTERS)

Father's Name : _____ Occupation : _____

Mother's Name : _____ Occupation : _____

Gender : M F Date of Birth :

| DD | MM | YYYY |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Event Category : Polytechnic Engineering

Institution Name : _____
(FULL NAME)

Institution Address : _____

Participating Event : Code Debugging Poster Design / Paper Presentation

Project Demo Online Quiz / Entrepreneur Skills

Mobile Number : +91

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Alternate Number : +91

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Mail ID : _____

Participant Signature