

Form-D

OTICON 2015

STUDENTS SCIENTIFIC PROGRAM REGISTRATION FORM

Name of the Institute			
Postal Address			
E-Mail,			
Mobile Number			
Name of the event: (Please tick any one, apply separately for different events)			
AIOTA Trophy for Best Poster		AIOTA Trophy for Best Innovative technology	AIOTA Trophy for Street Play
Nature of participation: (Please tick any one)		Non Competitive category / Competitive category	
Name of participants: (Maximum of 10 under graduate students)			
Sr. No.		Name of the students	AIOTA student membership number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Name of the student coordinator & contact Number			

Date:

Name & signature:

Head of Institute with official seal:

Scanned copy of filled and duly signed form shall be mailed to kamalnarya@yahoo.com, kamalnarya2@gmail.com, followed with hard copy of the same to Chairman Scientific Program Committee (Dr. Kamal Narayan Arya, Lecturer (OT), Pt. DeendayalUpadhyaya Institute for the Physically Handicapped, 4 -VisnuDigambar Marg, New Delhi-110002), without which the participation will not be accepted.