



**Board of College and University Development,
University of Pune, Pune- 411007
Zonal Level Avishkar-2013
Registration Form**

Photo
1st
Participant

Photo
2nd
Participant

Details: _____

Level: - UG/PG/M.Phil.- Ph.D./TEACHERS

Title of Project: - _____

Name of Student: - 1. _____

Male/Female: _____ Age: _____ Date of Birth: ____/____/____

Mobile No. _____ Email ID:- _____

Name of Student: - 2. _____

Male/Female: _____ Age: _____ Date of Birth: ____/____/____

Mobile No. _____ Email ID:- _____

College:- _____

Name of Guide:- _____

Contact No. _____ Email ID: - _____

Signature of Participant

Signature of A.R.C

**Signature & Stamp
of Principal /Head**

1. _____

2. _____

(Name _____)

***Note: - i. Fill all Information in Capital letters.**

ii. Submit abstract of the Project in 200 words with registration form.