Planting Future

REGISTRATION FORM

April 07-13, 2021

1. **Name**: …………………….........................……..….
2. **Designation**:………………………………………………..……….………..
3. **Department**:……………………………………….…......................…
4. **Details of Institute/Organization**:

   a. Name of Institute: …………………………………………….……..
   b. Is institute AICTE approved: Yes/No
   c. If Yes, AICTE Faculty ID: ……………………………………..

5. **Contact Address**:…………………….…………………………..………......
   ……………………………………………………………………………….…
   …………………………City……………………State……….….….…
   PIN………………………….

6. **Mobile Number**: ………………**WhatsApp No**. (If any) ………..……...
7. **E-mail ID**: ……..…………….…………………….……….....…….
8. **Are you member of ISTE**: Yes/No
   If yes, ISTE membership No.: ……………………………………….

Declaration

All the above information is true to the best of my knowledge and I will attend the program for the entire duration and maintain minimum 80% attendance.

Signature of the Participant

Note: Priority will be given to ISTE life members.