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REGISTRATION FORM
ENERGY INNOVATION CHALLENGE 2015
International Category

Name of University : _____

Professor/Staff-in-charge : _____

Contact Number : _____ (office) _____ (mobile)

Email Address of Professor/Staff-in-charge : _____

Signature of Professor/Staff-in-charge : _____

Details of the student/s representing the team/school. (Please use a separate form for each team)

	Name	Email
Student 1		
Student 2		
Student 3		
Student 4		
Student 5		

Title of Project: _____

[Please submit Project Proposal in a separate file]

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