College Lot No

To be filled by Registration Team

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| **ADAIKALAMATHA INSTITUTE OF COMPUTER APPLICATIONS,** **ADAIKALAMATHA COLLEGE, THANJAVUR.****(AFFILIATED TO BHARATHIDASAN UNIVERSITY)** |

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| **Registration Form Icon-2k24****07th February 2024**Name of the College : Name of the Department : Full College Address :Total No. of Participants: Contact No :  |
| **Sl.No** | **Name of the Events** | **Class** | **Name of the Student (Block Letters)** **(Names to be in the Certificates)** |
|  | **Paper Presentation** (Starts at 9.00 AM) |  |  |
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|  | **Fallacy** (Starts at 9.30 AM) |  |  |
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|  | **Mind Master (Quiz)**(Starts at 11.45 AM) |  |  |
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|  | **Sold out (ADDZAP)** (Starts at 11.45 AM) |  |  |
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|  | **Code Blaster (S/W Contest)**(Starts at 12.00 PM)  |  |  |
|  | **Dumb-C** (Starts at 02.00 PM) |  |  |
|  |  |
|  | **Spot Animation** (Starts at 02.00 PM) |  |  |
|  | **Surprise Event** (Starts at 03.00 PM) |  |  |
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**Note**: **Photocopies** of this Registration Form are permitted. Download soft copy from [www.amcvallam.com](http://www.amcvallam.com)

* Send the filled Registration form to iconcsamc@gmail.com,

mention the subject as **“Registration Form with your college name.”**

 Signature

 **HEAD of the Department**