



NAAC Accredited & ISO 9001:2015 Certified Institute
VIDYA VIKAS PRATISHTHAN'S
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No. :

Date: / / 2024

REGISTRATION FORM

(Use Separate Registration Form for Each Event)

“WISOTECH-2024”

A NATIONAL LEVEL TECHNICAL SYMPOSIUM

6th April 2024

Name of Participant: _____

Name of Institute: _____

Class & Branch: _____

E-mail ID: _____

Contact No.: _____

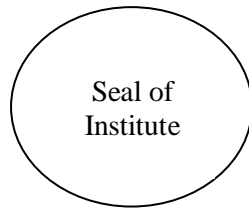
Name of Event: _____

Total Fees Paid Rs.: _____

D. D. to be drawn in favour of “The Principal VVPIET, Solapur”

D. D. No.: _____ Date: / / 2024

Name of Bank: _____



Signature of the Participant

Signature of Head of Institute

No.:

Receipt for Wisotech – 2024

Date : / / 2024

Name of Participant: _____

Name of Event: _____

Received Rs. (in words): _____

Signature of Participant

Signature of Receiver