



DEPARTMENT OF MANAGEMENT STUDIES

'YOUNG INNOVATORS'

REGISTRATION FORM

Name of the Institution : _____

Address of the Institution : _____

	Participant 1	Participant 2
<i>Name of the Student</i>		
<i>Degree</i>		
<i>Batch</i>		
<i>Email Id</i>		
<i>Contact Number</i>		

Brief innovative idea of becoming future entrepreneur :

Signature of the HOD

Signature of the Principal

College Seal