

KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060



IT – GPU REGISTRATION FORM

DEPARTMENT OF INFORMATION TECHNOLOGY

I. General Information	
Roll Number/Faculty/Research Scholar	
Name	
Sex	Male / Female
Course & Branch	
Course Duration	From To
Hostel	
Room No.	
Project Guide	
Project Title	
Project Team Members (Name, Roll No)	1. 2. 3. 4.
e-mail ID	
Mobile No.	
Disk Space Required	GB
I hereby declare that the above information given by me is true and correct.	
Signature Project Co-Ordinator Date: (Prof Dr.T.Abirami / IT)	Prof. In_Charge HOD / IT Prof Dr. P. Natesan / AI)
Office Use:	
Username	
Created By	
Signature With Date	