

February 23-24, 2019 | NITTTR, Kolkata

**Registration Form****1. PERSONAL INFORMATION OF FACULTY SUPERVISOR**

FULL NAME	(Kindly write your full name in CAPITAL Letters)	
DESIGNATION	MOBILE NO	E-MAIL ADDRESS

**2. PERSONAL INFORMATION OF TECHNICIAN/ FACULTY MEMBER**

FULL NAME	(Kindly write your full name in CAPITAL Letters)	
DESIGNATION	MOBILE NO	E-MAIL ADDRESS

**3. PERSONAL INFORMATION OF STUDENT PARTICIPENTS**

(Kindly write your full name in CAPITAL Letters)	MOBILE NO	E-MAIL ADDRESS
(Kindly write your full name in CAPITAL Letters)	MOBILE NO	E-MAIL ADDRESS
(Kindly write your full name in CAPITAL Letters)	MOBILE NO	E-MAIL ADDRESS

**4. STATE****5. NAME OF THE INSTITUTE****6. OFFICE ADDRESS (FOR COMMUNICATION)**

(Dept./Div./Unit/ + Street Name &amp; Number + City + PIN Code)

**7. PROJECT TITLE****8. BRIEF OF THE PROJECT**

(Write within 100-200 words, please add an annexure for detail explanation, if required)

**9. PROJECT DISCIPLINE**
 CIVIL       CS       EE       ME       Inter Disciplinary
**10. PROJECT COORDINATOR BANK DETAILS**

Account Type: Saving A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> IFSC Code:	MICR Code:
Bank A/c Number:	
Name of A/c Holder:	
Bank Name:	
Branch Name and Address:	

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**11. CERTIFICATION BY PROJECT TEAM MEMBERS**

We certify that we will comply with all necessary policies and procedures in discharging our responsibilities under the scheme "National Innovation Talent Contest for Polytechnics 2019" organized by NITTTR Kolkata.

1. Student Name (Full Signature) (Department)	2. Student Name (Full Signature) (Department)
3. Student Name (Full Signature) (Department)	
4. Technician/Faculty Member Name (Full Signature) (Department)	5. Faculty Member- Coordinator Name (Full Signature) (Department)

**12. CERTIFICATION BY INSTITUTE HEAD**

I certify that the project can be accommodated within the general facilities in my organizational unit and that sufficient laboratory facility is available for the proposed work.

**Signature of Institute Head**  
(Name)  
(With Date and Stamp)

**Name of Institute Head**

**Terms & Conditions:**

- (i) Composition of the team
  - a. 1 faculty member as coordinator
  - b. 1 technician or 1 faculty member
  - c. 3 students
- (ii) Partial travel support upto Rs. 3000 and accommodation during the contest will be provided
- (iii) IPR, if any, will be with NITTTR Kolkata and the participating Institute
- (iv) No seed money will be provided for designing the model
- (v) Model (functioning) has to be submitted to the host Institute and will be the property of NITTTR, Kolkata
- (vi) Reimbursement of maximum Rs. 25000 will be provided upon submission of the original attested bill, of actual expenses

Please register online or download this form at <http://www.nittrkol.ac.in/nitcp2019> and send it after filling on or before **30<sup>th</sup> Sept, 2018** by email to [nitcp@nittrkol.ac.in](mailto:nitcp@nittrkol.ac.in)

**Enquiry:****Dr. Dipankar Bose**

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**Dr. Subrata Mondal**

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