One-Day Technical Symposium

On

**“AVR Micro-controller & its applications”**

*Registration Form*

1. Name (Block Letter):
2. Name of Institute:
3. Name of the Department:
4. Semester/Year:
5. Address for Communication:
6. Mobile No.
7. E-mail:
8. Signature of Applicant with date:

**Email this form to**: vsvora@aits.edu.in with subject AVR Registration

