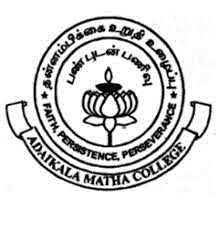
College Lot No

To be filled by Registration Team

|  |
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| **ADAIKALAMATHA INSTITUTE OF COMPUTER APPLICATIONS,**  **ADAIKALAMATHA COLLEGE, THANJAVUR.**  **(AFFILIATED TO BHARATHIDASAN UNIVERSITY)** |

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| **Registration Form Icon-2k24**  **07th February 2024**  Name of the College :  Name of the Department :  Full College Address :  Total No. of Participants: Contact No : | | | |
| **Sl.No** | **Name of the Events** | **Class** | **Name of the Student (Block Letters)**  **(Names to be in the Certificates)** |
|  | **Paper Presentation**  (Starts at 9.00 AM) |  |  |
|  |  |
|  | **Fallacy** (Starts at 9.30 AM) |  |  |
|  |  |
|  | **Mind Master (Quiz)**  (Starts at 11.45 AM) |  |  |
|  |  |
|  | **Sold out (ADDZAP)**  (Starts at 11.45 AM) |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Code Blaster (S/W Contest)**  (Starts at 12.00 PM) |  |  |
|  | **Dumb-C**  (Starts at 02.00 PM) |  |  |
|  |  |
|  | **Spot Animation**  (Starts at 02.00 PM) |  |  |
|  | **Surprise Event**  (Starts at 03.00 PM) |  |  |
|  |  |

**Note**: **Photocopies** of this Registration Form are permitted. Download soft copy from [www.amcvallam.com](http://www.amcvallam.com)

* Send the filled Registration form to [iconcsamc@gmail.com](mailto:iconcsamc@gmail.com),

mention the subject as **“Registration Form with your college name.”**

Signature

**HEAD of the Department**