University of Kashmir

Institute of Technology, Zakura Campus

Srinagar - 190006

5G USE CASE LAB

दूरसंचार विभाग
Department of Telecommunications

5G OPEN LAB DAY

REGISTRATION FORM

Form No.: _____	Date: _____
Registration ID: _____	Event Date: _____

A. PERSONAL INFORMATION	
1. Full Name (In Block Letters)	
2. Institution / Organization	
3. Course / Class / Designation	
4, Mobile Number	
5. Email ID	

B. CATEGORY (Tick one)

- ☐ School Student
- ☐ Diploma Student
- ☐ UG Student
- ☐ PG Student
- ☐ Faculty
- ☐ Industry Professional
- ☐ Other: _____

C. AREAS YOU ARE INTERESTED IN (Tick all that apply)
☐ 5G Technology
☐ IoT
☐ AI/ML
☐ Smart Agriculture
☐ Healthcare Applications
☐ Drone Technology
☐ Smart City Solutions
☐ Research Opportunities
☐ Others:_____

D. HOW DID YOU HEAR ABOUT THIS EVENT?
☐ Institute Website
☐ Faculty / Friend
☐ Social Media
☐ Email / Circular
☐ Other: _____

Declaration: I hereby certify that the information provided above is true and correct to the best of my knowledge. I agree to comply with all rules, regulations, safety procedures and usage policies of the 5G Use Case Laboratory.

Signature of Applicant Date: _____

University of Kashmir

Institute of Technology, Zakura Campus

Srinagar - 190006

5G USE CASE LAB

दूरसंचार विभाग
Department of
Telecommunications

FOR OFFICE USE ONLY
Application Received On: _____ Received By: _____
Remarks: _____
Status: ☐ **Approved** ☐ **Not Approved**
Lab Coordinator Signature: _____ Date: _____