University of Kashmir

Institute of Technology, Zakura Campus

Srinagar - 190006

5G USE CASE LAB

दूरसंचार विभाग
Department of Telecommunications

FACULTY REGISTRATION & MENTORSHIP FORM

Form No.: _____	Date: _____
Registration ID: _____	Academic Year: _____

A. PERSONAL INFORMATION	
1. Full Name (Dr./Mr./Ms.)	
2. Designation	
3. Department	
4. Employee ID	
5. Mobile Number	
6. Email ID	
7. Office Address	

B. PURPOSE (Tick all that apply)

- ☐ Lab Utilization for Research / Development:
- ☐ Project Supervision
- ☐ Workshop / FDP Participation
- ☐ Curriculum Development
- ☐ Other: _____

C. AREAS OF EXPERTISE (Tick all that apply)	
☐ Wireless Communication	☐ Networking
☐ 5G/ Open RAN	☐ IoT
☐ AI/ML	☐ Embedded Systems
☐ Cyber Security	☐ Signal Processing
☐ Others: _____	

D. MENTORSHIP DETAILS		
1. Interested in Mentoring Students?	☐ Yes	☐ No
2. Maximum Number of Student Groups		
3. Areas Willing to Mentor In		

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 Faculty Date: _____