University of Kashmir

Institute of Technology, Zakura Campus

Srinagar - 190006

5G USE CASE LAB

दूरसंचार विभाग
Department of Telecommunications

STUDENT LAB REGISTRATION FORM

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

A. PERSONAL INFORMATION	
1. Full Name (In Block Letters)	
2. University Registration No.	
3. Roll Number	
4. Department	
5. Program	☐ B.Tech ☐ M.Tech ☐ Ph.D ☐ Other: _____
6. Semester	
7. Mobile Number	
8. Email ID	
9. Permanent Address	

B. PURPOSE OF LAB UTILIZATION (Tick all that apply)		
☐ Leaming & Practice	☐ Research	☐ Internship
☐ Product Testing / Prototyping	☐ Workshop / Training	☐ Project Work
☐ Other: _____		

University of Kashmir

Institute of Technology, Zakura Campus

Srinagar - 190006

C. AREA OF INTEREST		
☐ 5G Networks	☐ IoT	☐ AI/ ML Applications
☐ Smart Agriculture	☐ Smart Healthcare	☐ Drone Applications
☐ Network Security	☐ Others: _____	

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

Date: _____