

AMMMA-2025

REGISTRATION FORM

Name:

Designation (Student/Faculty/Industry):

.....

Organization:

Specialization:

Address:

.....

.....

Mobile:

Email:

Registration Fee Details:

Amount: Rs

Transaction ID:

Place:

Date:

Signature of Applicant

Google Form Link:

<https://forms.gle/Krxq7T8ZNAhVnw268>

