

PARTICIPANT REGISTRATION FORM

VUDA/VMRDA Competition on Preparation of VMRDA LOGO

Udyog Bhavan, Siripuram, Visakhapatnam-530002

*Please use CAPITAL LETTERS and return this form to: Public Relations Unit @ 3rd Floor, Udyog Bhavan, Siripuram, Visakhapatnam-530002
Public Relations Officer – VUDA, Tel.:+91 9989198981
For more details check our web site www.vuda.gov.in*

Registration Details

Surname :Name:.....
Father/Mother Name: Position:.....
Department: Organisation/Company:
Contact No: E-mail:.....
Address for Correspondence :
Pincode:State:Landmark :

NOTE: *By filling out the registration form, the participant gives consent that VUDA/VMRDA can process the data provided within the framework of the competition and allow photographs to be made during the competition and placing photographs in the pictures gallery , newspaper, or in any other web/printed publication for official use.*

Declaration:

- 1. I hereby declare that to the best of my knowledge and belief, there has been no any claim or interest or dispute in my work which will be presented to the VUDA/VMRDA and I hereby declare and affirm that All the Copyrights are Reserved to VUDA*
- 2. I hereby verify that the particulars given in this Form and the Statement of Particulars are true to the best of my knowledge, belief and information and nothing has been concealed therefrom.*
- 3. I hereby give my consent for participation in the LOGO Competition proposed to be held by the VUDA/VMRDA. I hereby abide to the rules and lawful procedures as a participant in the LOGO Competition.*
- 4. I hereby declare that this LOGO is prepared for exclusively for VMRDA use only.*

Enclose Identity Proof

(Signature of the Applicant)

Place:

Date: