



**National Level Competition on Embedded Systems  
- 2024**

**Registration Form**

**Team Name**

**Team Captain Name**

**University/College Name**

**University/College Address**

<b>S. No</b>	<b>Student Name</b>	<b>E-Mail ID</b>	<b>SAEINDIA Membership ID</b>	<b>Contact Number</b>	<b>Signature</b>
1					
2					
3					
4					
5					

Faculty Advisor Details					
S. No	Name	E-Mail ID	SAE Membership ID	Contact Number	Signature
1					

Signature  
Head of the Institute with college seal

**Note:**

1 Team Size: Maximum of 5 members.

2 Registration Fee: Rs. 17,700(inclusive of 18% GST) per team

**Mode of Payment:**

Payment can done through **Net banking/NEFT etc.**, copy of online transaction receipt and filled registration form shall be mailed to [skip@saeiss.org](mailto:skip@saeiss.org)

(or) Demand Draft (DD) shall be drawn in favour of **SAEINDIA SOUTHERN SECTION**, Payable at Chennai

ACCOUNT NAME	SAEINDIA SOUTHERN SECTION
ACCOUNT NUMBER	38517580801
BANK	STATE BANK OF INDIA
BRANCH	GUINDY, CHENNAI
IFSC CODE	SBIN0000956

"Students are requested to send the DD along with the hard copy of filled registration form by courier to below address, the scanned copy of DD,

**Address**

**The Coordinator**

**SAEINDIA Southern Section**

**Module 29-30, Block I, SIDCO Electronic Complex,**

**Thiru-Vi-Ka Industrial Estate, Guindy,**

**Chennai, Tamil Nadu – 600 032.**

**Phone: 044 4218 8653**

E-mail Id: skip@saeiss.org

Website: [www.saeiss.org](http://www.saeiss.org)