



GMIU Startup Cell Registration Form

A. Personal Information

Full Name:	
Date of Birth:	
Gender:	
Contact Number:	
Email Address:	
Residential Address:	

B. Academic Information

Student Enrollment No:	
Course of Study: (i.e. B.Tech.)	
Department:	
Year of Study:(i.e. First Year)	

C. Startup Cell Information

Why do you want to join the Startup Cell?	
Do you have any startup ideas or projects you are currently working on?	
What specific skills or knowledge do you wish to gain from the Startup Cell?	
Any relevant experience in entrepreneurship, if any:	
Are you willing to commit at least 5 hours per week to Startup Cell activities?	

- **Registration is free of cost.**
- **In case of indiscipline during any events, the membership will be debarred**

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

Signature:

Date: