



## WAYA3MD COMPETITION 2024 Application Form

1. Name with Initial	:	<input type="text"/>
2. Registration Number	:	<input type="text"/>
3. Phone Number	:	<input type="text"/>
4. Email	:	<input type="text"/>
5. Title of The Research	:	<input type="text"/>
6. Name of the Supervisor	:	<input type="text"/>

I agree to abide by the rules and to participate in the competition fairly and in accordance with the guidelines provided by the organizing committee. I acknowledge that failure to comply with the competition's rules may result in disqualification, and I accept any decisions made by the organizers as final.

Date: ...../...../..... Signature

Name: .....

**Note:**

**Duly completed forms should be email to the respective supervisor on or before 16<sup>th</sup> October 2024. Please note that the final decision to accept or reject the application rests solely with the supervisor.**