**PART A: INSTITUTION DETAILS**

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| --- | --- |
| **Institute Name** | Click here to enter text.  |
| **Contact Person** | Click here to enter text. | **Office No.** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Mobile No.**  | Click here to enter text. |
|  |  |  |  |

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**PART B: PARTICIPANTS' DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| **Team Name** | Click here to enter text.  | **Team Advisor** (if applicable) | Click here to enter text. |

1st Participant (Team Leader)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Click here to enter text.  | **NRIC No.** | Click here to enter text. | **Age** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Contact No.** | Click here to enter text. |  |

2nd Participant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Click here to enter text.  | **NRIC No.** | Click here to enter text. | **Age** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Contact No.** | Click here to enter text. |  |

3rd Participant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Click here to enter text.  | **NRIC No.** | Click here to enter text. | **Age** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Contact No.** | Click here to enter text. |  |

4th Participant (if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Click here to enter text.  | **NRIC No.** | Click here to enter text. | **Age** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Contact No.** | Click here to enter text. |  |

5th Participant (if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Click here to enter text.  | **NRIC No.** | Click here to enter text. | **Age** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Contact No.** | Click here to enter text. |  |

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**PART C: PROJECT DETAILS**

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| **Types of Business Idea** | [ ]   | New Business  |
|  |  |
| [ ]  | Ongoing business that is less than 1 year old and does not receive any institutional funding more than USD100,000 for current project |

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**PART D: DECLARATION**

|  |  |  |  |  |  |  |  |  |  |
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|[ ]  I/We hereby confirm that the information provided herein is accurate, correct and complete. I/We understand that in the event of our information being found false or incorrect at any stage, our participation shall be liable to disqualification without notice in lieu thereof. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | Designation | Click here to enter text. |
| **Date** | Click here to enter a date. |  |  |

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**Registration Checklist:**

|  |  |
| --- | --- |
| [ ]   | Registration Form  |
|  |  |
| [ ]  | Team Statement |

Note: Please email this Registration Form together with the Team Statement to getchallenge.reg@gmail.com latest by 5 May 2020.