Registration Form

Immersive Game Development: From 2D Games to AR/VR with Unity

Centre of Excellence in Immersive Technologies (AR/VR)
Alliance University, Bengaluru

Paste
Passport Size
Photograph

1. Personal Information

Full Name: _____

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: ____ / ____ / _____

Mobile Number: _____

Email Address: _____

Address: _____

City: _____

State: _____

PIN Code: _____

2. Academic / Professional Information

Participant Category:

☐ Undergraduate Student
☐ Postgraduate Student
☐ Faculty Member
☐ Working Professional
☐ Research Scholar

Institution / Organization Name:

Department / Specialization:

Current Year / Semester (For Students):

Designation (For Faculty / Professionals):

Student ID / Employee ID:

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3. Educational Background

Highest Qualification Completed:

☐ Diploma
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree
☐ Other: _____

Area of Study:

☐ Computer Science & Engineering
☐ Information Technology
☐ Artificial Intelligence & Machine Learning
☐ Data Science
☐ Electronics & Communication Engineering
☐ Multimedia
☐ Animation
☐ Game Design
☐ Other: _____

4. Motivation for Joining

Why are you interested in this certification program?

Career Interest Area(s):

☐ Game Development
☐ AR Development
☐ VR Development
☐ XR Technologies
☐ Interactive Media
☐ Simulation Systems
☐ Digital Content Creation
☐ Research and Innovation

5. Documents to be Submitted

Mandatory Documents

☐ Recent Passport-Size Photograph

☐ Student Identity Card / Employee Identity Card

Applicable Documents

☐ Resume / Curriculum Vitae (Faculty Members, Research Scholars, and Working Professionals)

☐ Portfolio / Project Details (Optional)

6. Emergency Contact Information

Name of Emergency Contact Person:

Relationship: _____

Contact Number: _____

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7. Declaration

I hereby declare that the information provided in this registration form is true and correct to the best of my knowledge. I agree to abide by the rules, regulations, attendance requirements, assessment policies, and code of conduct prescribed by the Centre of Excellence in Immersive Technologies (AR/VR), Alliance University.

I understand that successful completion of the certification program requires fulfillment of attendance, assessment, project, presentation, and certification requirements.

Place: _____

Date: ____ / ____ / _____

Signature of Applicant: _____

For Office Use Only

Application Number: _____

Date of Registration: _____

Eligibility Verification

- ☐ **Eligible**
- ☐ **Provisionally Eligible**
- ☐ **Not Eligible**

Document Verification

- ☐ **Photograph Verified**
- ☐ **Identity Card Verified**
- ☐ **Resume/CV Verified (If Applicable)**

Selection Status

- ☐ **Selected**
- ☐ **Waitlisted**
- ☐ **Not Selected**

Remarks:

Verified By: _____

Program Coordinator Signature: _____

Date: _____