



Smart Mobile Desalination Network Challenge: Building the future with IIoT Registration Form

Team Information

Team Name: _____

Institution Name: _____

Institution Address: _____

Team Leader Name: _____

Team Members (Maximum 5 Members):

Full Name	Student ID	Academic Year	Field of Study	Contact Email	Phone Number

Accompanist Details

Accompanist Name: _____ Position in Institution: _____

Email Address: _____ Phone Number: _____

Project Details

Project Title: _____

Acknowledgment

By signing this form, the team acknowledges and agrees to abide by all the rules and requirements as stated in the **SMDN-Challenge 2025** documentation.

- Date: _____

- Team Leader Signature: _____

Submission

All applications must be submitted online via the designated portal by ****January 20, 2025****. Please ensure that all information is correct, as incomplete forms may result in disqualification.

****Scan the QR Code for Online Submission:****



Institution Authorization

Institution Director's Name: _____

Director's Signature & Institution Stamp _____