

CADD TEK PROJECT CENTRE

PROJECT CONSENT FORM

* Indicates required question

1. NAME OF THE PROJECT. *

2. WHICH DEPARTMENT. *

3. BATCH MEMBERS NAME. *

4. TEAM ORGANIZER NAME. *

5. CONTACT NUMBER *

6. We here by express our consent regarding, at any cause we will never refund the project amount. I accepted the terms and condition. *

Mark only one oval.

- ACCEPT *Skip to question 7*
- DENY *Skip to section 2 (SORRY !!!!!)*

This is an electronically generated report and hence does not require signature.

SORRY !!!!!

YOU AS GIVEN "DENY" SO, THIS CONSENT FORM WILL NOT GO TO NEXT SECTION.

THANK YOU !!!!!

THANKS FOR RESPONSE YOUR PROJECT WILL COMPLETE SOON

7. FEED BACK OF OUR SERVICE.

Mark only one oval.

STARS

1

2

3

4

5

Untitled Section

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