



AUTO INDIA RACING CHAMPIONSHIP 2026

TEAM REGISTRATION FORM GOKART

Team Details			
Team Name			Kart No- AIRCUSE
No of Members		Team Mail ID	
KART Type	IC KART	EKART	ZONE-
Institute Details			
Institute Name			
Institute Address			
Institute Website			
Collegiate Club Bank Account Details			
Collegiate Club Name			
Club Bank Account No.			
Bank Name			
IFSC Code			
Reference Contact Person Details:			
Reference Contact Person		Designation	
Email ID			
Contract Number			
Faculty Advisor Details			
Faculty Name			Faculty Photo
Department			
Contact Number			
Email ID			
Postal Address			

Captain Details		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		
Vice-Captain Details		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		
Team Manager		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		
Driver		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Co- Driver		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		
Member-6		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		
Member-7		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		
Member-8		
Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-9

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-10

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-11

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-12

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-13

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-14

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-15

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-16

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-17

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-18

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-19

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-20

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-21

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-22

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-23

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-24

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-25

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-26

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-27

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-28

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-29

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

Member-30

Name		Photo
Working Department		
Studying Year		
E-mail ID		
Contact Number		

HOD Details

Name		
E-mail ID		
Contact Number		

**Principal
Details**

Name		
E-mail ID		
Contact Number		

Declaration by Team Captain:

I have read all the details carefully. The details provided in this form are true to best of my knowledge. I am aware that if any discrepancies are found in the above details, AIRC Organizing Committee can take strict actions against the team at any stage of event without any prior intimation to the team.

Date:

Signature of Team Captain

Declaration by Faculty Advisor:

I am aware that as an official representative of this team, I am bound to all the rules of event. I am also aware about my roles and responsibility towards the team. In case of any discrepancies, AIRC Organizing Committee can take strict actions against the team at any stage of event without any prior intimation to the team.

Date:

Signature of Faculty Advisor

Declaration by HOD/ Director of Institute (Given as reference contact person above):

The team registered for AIRC 2025-2026 event as per the above details is permitted for participation from our institute. It is acknowledged that any of the team member, team facilitator and faculty advisor mentioned above is not associated with any other team participating from our institute and if any such case is observed, the participation of all concerned teams may be cancelled.

Date:

Signature of HOD/Dean/Director

College Seal