

REGISTRATION FORM

Name of the College : _____

Address : _____

Pin Code : _____

Phone No. : **STD Code :** _____ **No.** _____

E-mail : _____

Staff-in-charge (Accompanying) : _____

Mobile No. : _____

Date & Time of Arrival : _____ / **02 / 2024** _____ **Hrs** _____ **Mins**

In case of emergency (person to be contacted) : _____

Phone No. : **STD Code :** _____ **No.** _____

Mobile No. : _____

Accommodation : **Yes []** **No []**

if needed No's : **Male []** **Female []**

Signature of the Principal with Seal

No.	NAME	EVENTS														
		HO1	HO2	HO3	HO4	HO5	HO6	HO7	HO8	HO9	H10	H11	H12	H13	H14	H15
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Signature of the Principal
(College Seal)