

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 : _____/02/2025 _____ Hrs _____ Mins

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

Phone No. _____

Mobile No. : _____

Accommodation : Yes [] No []

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

Signature of the Principal with Seal

No.	NAME	EVENTS															
		H01	H02	H03	H04	H05	H06	H07	H08	H09	H10	H11	H12	H13	H14	H15	H16
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Signature of the Principal
(college seal)