

## **REGISTRATION FORM**

Name of the College :								
Address :								
		<b>y</b>						
Pin Code :								
Phon∈ No. :	STD Code:	No.						
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Staff-in-charge								
(Accompanying)								
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Mobil∈ No. :								
Date & Time of Arrival:	/02/2025	Hrs Mins						
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In case of emergency	3. 1							
(person to be contacted)	Section 19							
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	Yes [ ] No [ ]	1						
Accommodation :	105[]							
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if needed No's :	Male [] Fema	31E [ ]						
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No.	NAME	EVENTS															
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