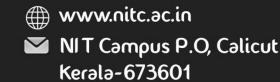


NAME OF COLLEGE	
STUDENTS REPRESENTATIVE NAME	
PHONE NO	
MAIL ID	
DATE OF EXAMS IN OCTOBER IF ANY	
DATE OF THEIR TECHNICAL FESTIVAL	
STUDENTS COORDINATOR	
TATHVA STUDENT PARTNER	
(PREFERABLY 3RD YEAR)	
PHONE NO	
MAIL ID	





TECHNICAL CLUBS IF ANY	
CLUB SECRATERIES NAME	
PHONE NO	
MAIL ID	
ANY EXCEPTIONAL STUDENTS PHONE NO MAIL ID	
PARTICIPATED IN TATHVA 12	YES NO
PARTICIPATED IN TATHVA 12 SUGGESTIONS IF ANY	YES NO
	YES NO
SUGGESTIONS IF ANY ANY OTHER USEFUL CONTACTS	YES NO



