

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

SUGGESTIONS IF ANY

ANY OTHER USEFUL CONTACTS

ROBOTICS

GAMING

OTHERS