

SPIRIT'16- EXPERIENCE THE KNOWLEDGE

REGISTRATION FORM

Required *

Fill the details carefully!

Paste your
Photo here

Name *

Sex *

☐

Male

☐

Female

Date of Birth *

Name of the College/ Institution *

Your Postal Address

Pin code *

Mobile Number *

Tick the events you wish to participate in:

NATIONAL SEMINAR

☐

YES

☐

NO

SCIENTIFIC EVENT	LITERARY EVENT	BUSINESS EVENT	ANALYTICAL EVENT
<input type="checkbox"/> POLARIS	<input type="checkbox"/> GENUS MINDS	<input type="checkbox"/> SYNECTICS	<input type="checkbox"/> EUREKA
<input type="checkbox"/> AGNITIO	<input type="checkbox"/> IGNITED MINDS	<input type="checkbox"/> BULL'S EYE	
<input type="checkbox"/> FABRICA	<input type="checkbox"/> VECTOR	<input type="checkbox"/> PANACEA	

Signature

Date