

REGISTRATION FORM

KN CK

NAME OF THE INSTITUTE: _____

COLLEGE CODE: _____

ADDRESS OF THE INSTITUTE:

NAME OF THE U-SEC: _____

MAIL ID: _____

CONTACT NO: _____

NAME OF THE UD: _____

MAIL ID: _____

CONTACT NO: _____

NO OF DELEGATES: _____

NO OF GIRLS: _____

NO OF BOYS: _____

U-SEC SIGNATURE

DIRECTOR/PRINCIPAL/ HOD
(SEAL/SIGNATURE)

NOTE:-ALL THE FIELDS SHOULD BE FILLED COMPULSORY OTHERWISE COLLEGE WON'T BE ENTERTAINED.

TO BE FILLED AND SUBMITTED ON OR BEFORE 18TH SEPTEMBER 2015
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