

VOLUNTEER



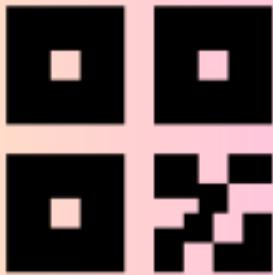
Name: _____

Enrollment No: _____

Department: _____

•*• Effervescence 2026 •*•

Jan 4, 2026



Scan for Volunteer Details

Emergency Contact

Name: _____

Phone No: _____

Important Instructions

- This ID must be worn at all times.
- Non-transferable.
- Follow coordinator instructions.
- Lost ID must be reported immediately.

----- **Venue** -----
* CIT Campus / Effervesceence Grounds *