



### REGISTRATION FORM

S.No.	Name of the Student	Department	Signature
1			
2			
3			
4			
5			
6			
7			
8			

College Address : .....

.....

.....

Along with Faculty : Yes / No

If Yes, Name & Contact

Number of the Faculty :

Details of Demand Draft

Amount : ₹

DD No. :

Date :

Bank :

**\*Note-Only one D.D per college will be accepted**

Date :

Place :

Signature

(Photo copies of the Registration forms are acceptable)