

REGISTRATION FORM

Name of the College

:

:

Department:

Mobile number

Email id:

S.No	Event	Name of the Participant	Class	Phone Number
1	Paper Presentation _			
2	Technical Quiz			
3	Debugging			
4	Poster Design			
5	Face Painting			
6	Marketing			
7	Art From Waste			
8	Word Hunt			
9	Short Film			

Date :

Place :

Head of the Department (with seal)