

ANNEXURE-I TEAM REGISTRATION FORM

(Submit in Duplicate)

1) Name of the University / Institution:

2) Number of Participants:

Details	Male	Female	Total
Student Participants			
Accompanists (Students + Professionals)			
Team Manager / Contingent In-charge			
Total composition of contingent			

(Total number of members in a contingent should be within 49)

3) Name of the Head of Institution/ Dean Student's Welfare/ Cultural
Coordinator:

Address:

Phone no:

E-mail:

4) Name of the Contingent In-Charge(s):

Address:

Phone no:

E-mail:

(Travel Plans)

1) Arrival at the University of Science and Technology Meghalaya

Bus Train Flight Other

Arrival Date: Time:

Flight/ Train no.:

Departure Date: Time:

Bus Train Flight Other

(Signature of Director of Student's Welfare/ Cultural Coordinator/ Registrar)

Official Seal