





ANNEXURE V FINAL REGISTRATION FORM

1. Name of the University/Institution:			
2. Name of the Team Manager/Contingent In-	-		
3. Mobile No. :			
EVENT: MUSIC/ THEATRE/ DANCE/ PARTICIPANTS	LITERARY/ FINE AR	RTS (Select (One) LIST OF
(Please Submit Synopsis in English/Hindi alon	ng with this form in case of	f THEATRE an	d Dance Events)
Name of the Participant (Block Letters) F/M		Date of Birth	Remarks (for office use)
A # -			
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Name of the Accompanists(Block Letters)	Student or Professional	Date of Birth	Remarks (for officeuse)
		3	
Signature of Team Manager/ Contingent In-Charge Date & Time			
FOR OFFICE USE ONLY: Comments of Event Coordinator			
All Student Participants are Eligible and Verified with the Official List Sl. Nois/are not eligible			
Signature of event coordinator			