TEAM REGISTRATION FORM TO BE SUBMITTED IN DUPLICATE

| 1. Name of the College: | | | |
|--|------|--------|-------|
| 2. Number of Participants: | | | |
| | | | |
| | Male | Female | Total |
| Student Participants: | | | |
| Accompanist (Student+ Professional): | | | |
| Team Manager/ Contingent In - charge | | | |
| Total composition of contingent | | | |
| (TOTAL NUMBER OF CONTINGENT SHOULD BE WITHIN 30 (P-25 & A-5) + 2 Prof. i/c =32) | | | |
| 3. Name of the Contingent In-Charge: Male: | | | |
| Female: | | | |
| 4. Telephone/Mobile No (with Code) | | | |
| 5. Email-ID | | | |

Principal
Signature & stamp