

MANTHAN 2019
Registration Form

Institute Name: _____

Address: _____

Phone no. : _____ Fax: _____

E-Mail (Institute): _____

E-Mail (Personal): _____

List of Participants with personal contact numbers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Name of the Event for participation: _____

Note:

- IF REQUIRED, PHOTOCOPY MAY BE USED
- SEPARATE REGISTRATION FORM FOR EACH TEAM TO BE USED.
- EACH STUDENT CAN PARTICIPATE IN MAXIMUM TWO EVENTS.

Signature of the team leader