

Signature of the Coordinator

ANNEXURE-V FINAL REGISTRATION FORM



| 1. Name of the University/Instituti | | | | | | | |
|---|------|-------------------------------|--------------|---------------------------|------|------------------|-------------------------------|
| Name of the Team Manager :Mobile Number : | | | | | | | |
| 4. Event : Music Theatre Dance | | | | | | one) | |
| LIST (Please submit Synopsis in English | | PARTI | | | ⊤h€ | eatre and Dar | nce Events) |
| Name of the Participant (In Block Letter) | | Father's/ Mother's Name | | M/F Da | | ate of Birth | Remark (For Office Use) |
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| Name of the Accompanists (In Block Letter) | M | ther's/ other's Name | M/F | Studen or Professio | | Date of Birth | Remark (For Office Use) |
| | | | | | | | |
| | | | | | | | |
| Date & Time | | | | | | Signature | e of Team Manager |
| Comments of Event Coordinator : Eligal Student Participants are eligible a SL.Nois / are not eligible | nd v | Not Eligil erified wi | ole th th | e Officia | l Li | st | |