

REGISTRATION FORM

STATE LEVEL PAPER PRESENTATION FOR DIPLOMA STUDENTS

Name: 1) Mr. /Miss.: _____

2) Mr. /Miss.: _____

Course: _____

College Name: _____

Address: _____

_____ PIN: _____

Tel. No.: (_____) _____

Mobile: _____

E-mail: _____

Title of Seminar: _____

Detail of Registration fee:

D.D. No.: _____ Dated: / /

Amount: _____ Bank: _____

Place: _____

Date: _____

Signature of principal

Signature of Candidate

Institute Seal