



SSR Institute of Management & Research, Silvassa

Zest @ IMR

Event Date: 15th Feb, 2016

Registration Form

Participants needs to fill Registration form separately for each Event

Name of the Participant				
Name of the College/Institute				
Name of the Course:	Year:	FY	SY	TY
Mobile Number				
E-mail Id				
Name of the Event Participating in	Poster Making <input type="checkbox"/>	Presentation <input type="checkbox"/>	Short Film <input type="checkbox"/>	
Correspondence Address				

Undertaking:

I, _____, hereby solemnly declare that the above information furnished is true and I shall abide by all the rules and regulations of the Event.

Signature of the Participant

For Office Use Only:

Received Fees Amount: _____

Participating in:

Poster Making	<input type="checkbox"/>	Presentation	<input type="checkbox"/>	Short Film	<input type="checkbox"/>
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Signature of the Event Coordinator:

Receipt

Received Fees Amount: _____

Participating in:

Poster Making	<input type="checkbox"/>	Presentation	<input type="checkbox"/>	Short Film	<input type="checkbox"/>
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Authorized Signatory

This form can be printed and photocopied