

TEAM REGISTRATION FORM

1. Name of the participating College/
P.G. Department, Ranchi University :

2. Total Number of Participants :

	Male	Female	Total
Student Participants			
Accompanist (Student)			
Accompanist (Professional)			
Team Manager/ Contingent In-charge			
Total composition of contingent			

(TOTAL NUMBER OF CONTINGENT SHOULD BE WITHIN 40)

3. Name of the Principal / President of R.U. P.G. Department Team:

Address :

Whatsapp No : E-Mail :

4. Name of the Contingent In-Charge/ Team Leader :

5. Address:

6. Whatsapp No Number :

Institutional Registration Fee cum Incidental Charge: Rs.1500/- Per Institute (Non-Refundable)
Through Demand Draft in favour of "Principal, Ranchi Women's College A/c – A" Payable at Ranchi
Demand Draft No: Date :

Institution Seal

Signature & Stamp

Note : Please send the scanned copy of DD with all forms (1-4) and submit the original DD with forms at the time of arrival i.e. before 9 am , 19.12.2018)