

Registration Form

Please send this form duly filled and attested by the Principal by post or email latest by September 20 2017.

Details of the Participating Institution

Name of the Institution: _____

Name of the Principal: _____

Address: _____

Phone No: _____ Email: _____

[illegible]

Registration Form

Name of the school: _____

EXAGGERATO

1. _____
2. _____

TIME PEN

1. _____

START-UPS

1. _____
2. _____
3. _____

ROCK BAND

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

TORRENT TRIALS

1. _____
2. _____

SHUTTERBUG

1. _____

PAMPHLET

1. _____
2. _____

TEACHER IN-CHARGE

Contact no : _____

PRINCIPAL'S SIGNATURE