



“CSBF CULTURAL EVENING -2019”

On

Saturday, 25th May, 2019

at

Laabh Mandapam Auditorium, Abhay Prashal, Indore (M. P.)

Registration Form

Name of the Delegate : _____

M. No./Students Regn. No. : _____

Address : _____

Contact Details : 1. _____ 2. _____

Email ID : _____

Payment Details : Amount: _____ Mode of Payment: Cash / Cheque

: Cheque No. _____ Date: _____

Participate for Activities : Dance Singing Acting Others

Please Specify :1.

2.....

Group Members Name: 1..... 2.....

3.....4.....

5.....6.....

7.....8.....

9.....10.....

For Office Use Only

Receipt No: _____

Date : _____

Signature of Delegate/Team Leader