

Dr. A.P.J Abdul Kalam Technical University, Lucknow (U.P)



Vishveshwarya Group Of Institutions, Dadri

Registration Proforma (Detailed List of Events)

(Form-2)

Name o							Name of the Participating College/Institute & Address								
Name o	of the Event			Male/F	emale										
1 tarric (of the Director/Head	d of the Institute:													
	et no														
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Details	of the Team Mana	ger/Coach/Coordi	nator/ of the l	Particip	ating Colle	ege									
Name			Desig	nation.											
Contact	et No:		Email	ID:											
Players	s Identification Deta	ails													
SI N No	Jame of the Player	Father's Name	University Roll No	Year	Branch	Gender	Aadhar No.	Contact Number							
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