



ANNEXURE-I

**TEAM REGISTRATION FORM**

(Submit in Duplicate)

1. Name of the University / Institution: .....
- .....
2. Number of Participants : .....

DETAILS	MALE	FEMALE	TOTAL
Student Participants			
Accompanists (Students + Professionals)			
Team Manager / Contingent In-charge			
Total composition of contingent			

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(Total number of contingent should be within 40)

TRAVEL PLANS

1. Name of the Dean, Student's Welfare and Address with phone number and email ID:  
.....

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2. Arrival at SRI PADMAVATI MAHILA VISVAVIDYALAYAM(WOMEN'S UNIVERSITY),TIRUPATI

Arrival Date: ..... Time: .....

Bus  Train  Flight  Other

Departure Date: ..... Time: .....

SEAL  
HERE

.....  
(Signature of Dean Students Welfare / Cultural Coordinator)

Official Seal

IMP: Please email a copy of this completed form to yfsouth2018@gmail.com on or before  
25<sup>th</sup> September 2018

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