

# KASTHURI SREENIVASAN MEMORIAL TEXTILE QUIZ - 2017

## 3<sup>rd</sup> INTER-COLLEGIATE QUIZ COMPETITION FOR TEXTILE STUDENTS

### Registration Form

FOR OFFICE USE

No.:

Date of Receipt :  
Registration No.:  
Remark :  
Accommodation Provided at:

Name of the College:

Address:

State:

Contact No.:

Email ID:

Name and details of Team Members:

	Team Member 1	Team Member 2
Name		
Date of Birth		
Gender		
Department & Year		
Mobile No. & Email ID		
Signature		

Accommodation required?

Yes

No

**Signature of the Head of Department  
with seal**

**Signature of the Principal  
with seal**

**Note: Each team should send a separate registration form.**