

REGISTRATION FORM

Name (in capital letters):

Designation:

Department:

Address:

Registration No. with Council name

Contact No:

Email id (in capital letters):

Payment details: ONLINE TRANSACTION (No cash)

Transaction ID / Ref No:

Bank:

Date:

Please send a Whatsapp photo of the counterfoil:

Food preference: Veg/Non-Veg/Food allergy, if any

Signature of Applicant: