



The ICAI Foundation for Higher Education (IFHE),

(Declared as a Deemed-to-be- University inder Section 3 of the UGC Act, 1956)

Hyderabad

REGISTRATION FORM

1. Name and Address of participating institution: -

2. Name of the participant(s) and their Role

a) Participant 1

Name-

Role-

Year and Course of Study-

Phone number and Email id-

b) Participant 2

Name-

Role-

Year and Course of Study-

Phone number and Email id-

c) Participant 3

Name-

Role-

Year and Course of Study-

Phone number and Email id-

d) Participant 4

Name-

Role-

Year and Course of Study-

Phone number and Email id-

(Please add additional sheets if required.)





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3. Events proposed to participate (Tick the appropriate box):

- Client Counselling Asian Parliamentary Debate Street Play
Judgement Writing Negotiation Photography Competition
Poster Making Essay Writing

4. Faculty In-charge-_____

Designation-_____

Phone Number-_____

Email id-_____

Particulars of Demand Draft

D.D No. _____ Date _____

Bank Name _____ Branch _____

(The participants can send One DD if participating in more than one event.)

Seal and Signature of the
Head of the Institution

