

REGISTRATION FORM
INSTRUMENTAL JUGALBANDHI MUSICAL COMPETITION

College Name*:

College Address*:

College Authority to be contacted (Name & Contact No)*:

Group Details:

Sr No	Name of Student	Age	Gender	Instrument to be played	Contact No.
1					
2					
3					
4					
5					
6					

Short description of the music to be played:

Awards or prizes achieved in past:

***=In case the group formed is having students from different colleges, then please provide details of all the colleges from which the group members belong to.**