

OBC CELL REGISTRATION FORM

Name:

Father's Name:

Mother's Name:

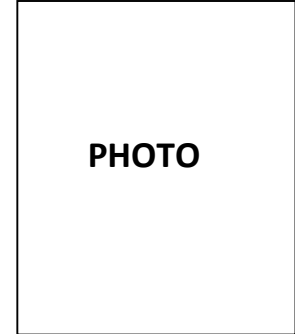
Class:

Enrolment No.

Email:

Mobile No.:

Address



Signature of the Students

*** Please submit the filled up form at the address given below:**

Dr. Vinay Kumar, Chairman, OBC Cell

Room No. 218 (IInd Floor)

New Academic Building, IGNTU, Amarkantak

Mob.: 09179110708