

## REGISTRATION FORM MS. FRESHERS' CONTEST 2024-25

Name \_\_\_\_\_

Class \_\_\_\_\_ Enrol. No. \_\_\_\_\_

Contact Number (R) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of the School/College  
last attended \_\_\_\_\_

Percentage of marks obtained \_\_\_\_\_

Areas of interest \_\_\_\_\_

Achievements (Academic/Extra-Curricular)

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Dated \_\_\_\_\_

**Signature**

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### Recommendation of the Selection Committee

Good       Very Good       Outstanding

Any other comments

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